**Affidavit for Tribal Medical Contraindication to Vaccine**

**Aboriginal Medical Association © ® ™**

This is to Certify that Immunization against

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Disease Name of Client/Traveler

is medically contraindicated because of the following conditions:

Clients genetic bio-variance could cause massive allergic reaction to mRNA complimentary modified dna in vaccine and induce massive receptor membrane changes that impact the HLA/MHC formation of the client that adversely impacts client’s immunity permanently and clients future offspring.

Further Notes:

Client Full Name:

Client DOB:

Tribal ID #: 05-011-977

Contact: 267-258-8864 / 323-510-8237 (Direct Contact to Dr.)

1-844-XIAMARU (AMA)

Date:

Dr. Ansâr El Muhammad

Name of Physician

**Ansâr El Muhammad**

Signature of Physician