



LEGAL NOTICE – MEDICAL



Be informed that I am **exempt** from ALL REGULATION mandating face mask (RPD) usage in public. Based on medical criteria, wearing a face mask poses a risk to my health, hygiene and mental well-being.

A standard face mask is not a micron filter and cannot inhibit or prevent bacteria or viruses.

Under the Americans with Disabilities Act, I am NOT required to disclose my medical condition based on the clauses covering confidentiality. Violations to rights under the Americans with Disabilities Act are subject to a penalty of \$75,000 for the first offense and \$150,000 or more for the second.

Americans with Disabilities Act contact number 1-800-514-0301

In accordance with The Americans with Disabilities Act, organisations, businesses or individuals can be held liable for any injury, inconvenience, loss of income, death or psychological distress should a law suit be filed based on consequential detrimental effects, events or developments.

Wearing a face mask is exceedingly hazardous, far greater than the threat of coronavirus.

Oral bacteria build-up within a mask results in toxicity affecting the gums, throat and lungs. Covering the nose and mouth forces CO₂ recirculation, limiting the O₂ intake. Hypoxia (O₂ deprivation) and Hypercapnia (CO₂ rebreathing) impairs bodily and mental functions and can cause discomfort, drowsiness, work rate reduction, dizziness, headache, psychataxia, fatigue, disorientation, speech impairment, exhaustion, muscular weakness or twitching, paranoia, hyperventilation, depression, panic attack, syncopal episode or irregular heartbeat.

A constant uninhibited air flow and clean mouth = disease prevention.

In the event of a refusal to comply with this notice resulting in forced or coerced mask usage, the responsible party is required to sign this notice and accept FULL LIABILITY for any and all consequential physical and psychological health issues.

Name of Responsible Person:

Position of Responsible Person:

Signature of Responsible Person:

Date:

Name of Issuer of Notice:

Signature of Issuer of Notice:

Date:

ATTENTION: GOVERNMENT AGENTS

**PLEASE PROVIDE LAWFUL AND NECESSARY CONSIDERATION TO AID THE BEARER
IN THE UNIMPEDED EXERCISE OF CONSTITUTIONALLY PROTECTED RIGHTS.
THANK YOU FOR YOUR SUPPORT AND UNDERSTANDING.**