Acceptance of CoVid 19 Testing

I _____ will take the Covid 19 test if you, _____, the person requesting the test, can **personally** confirm and verify the following. As well, your employer can also confirm and verify each of the following with 100% accuracy:

1.) There have been no false positives for this test being used.
2.) The tests are not contaminated [many have been shown to be].
3.) The tests do not contain any virus and contraction is not possible from this kit.
4.) There are no contraindications from taking the test.
5.) This test specifically is testing for Covid 19 and NOT any other coronavirus strains.
6.) There are NO reactions to these tests and no foreign substances within the test.
7.) Inventor of the PCR test, Nobel Prize Kary Mullins, admits the test cannot be used to qualify viruses – thus, you verify this is a different test that can qualify the specific Covid19 virus. Please enter verification _____.
8.) Please complete the following with detailed information:
    a. Kit origin _____
    b. Kit manufacturer _____
    c. Efficacy _____
    d. Reliability [false positives] _____
    e. International approval _____

You agree to accept full responsibility [including significant financial punitive damages] for any inaccurate information or false information provide herein, whether known or unknown at the time of agreement. Any damage caused by such test will be you and your employer's full and complete responsibility. As well, even if there is no damage and yet false information was provided, you agree to pay significant punitive penalties determined by me for providing misleading information, whether known or unknown.

_____ _____
Signature Date

_____ _____ _____
Employee name ID # Govt Issued ID (DriversL)
Address:

_____ _____
Manager Signature Witness

After receipt of your full guarantee of accuracy, I retain the right to verify the accuracy before taking the test.