

January 29,2022

I am a PROPONENT of SB370

Dear Chairman and committee members:

I am speaking today to show support Bill SB370 to protect the rights of our National Guard. If you dive into the fundamentals of what we are really discussing here today, it is Freedom. It is the very reason why these service members signed up to defend our land.....**TO PRESERVE FREEDOM!**

These vaccine mandates are a true crisis, a moral atrocity, and destroying what truly makes America great, **FREEDOM OF BOLDY AUTOMONY, RATIFIED IN THE CONSTIUTION, AND FREEDOM OF CHOICE!**

It is established in law that troops are protected from medical experimentation. **THESE MANDATES ARE MEDICAL EXPERIMENTATION! THE "SO CALLED" FDA APPROVED VACCINE, COMINARTY, IS NOT AVAILABLE IN THE UNITED STATES, PERIOD!** Therefore, it is against the law to force a NON FDA approved product on the troops and anyone in this country.

The only vaccines available are EUA and the FDA clearly states they are legally distinct from the FDA approved one. We have no package insert, we have no list of ingredients, **WE HAVE NO INFORMED CONSENT!** You know why I know this? Because if you go to download our Kansas consent form from KDHE for these shots, it says it right on there. THEY ARE EUA! (SEE ATTACHED!)

If we can't protect our troops from medical tyranny and forced medical procedures, then there is absolutely NO reason why they should protect us! They are fighting for nothing! Ever since the pandemic started our freedoms are being stripped away by the day! One by one!

You must pass the bill! You must stop forced vaccination of our troops!

Otherwise, our wonderful country of innovation, entrepreneurialism, and greatness is OVER FOREVER! We will no longer be Americans, therefore there will not no need for their service and nothing to fight for!

Thank you for your attention,

Lauren Shiffman
Lenexa, KS
Senate District 21

COVID-19 Vaccine Documentation/Consent Form

Patient Information (Please print legibly)

Last Name: _____ First Name: _____ Middle name: _____
Date of Birth: _____ Biological Sex: Female Male Unknown or Not Reported
Ethnicity: Non-Hispanic/Latino Hispanic/Latino (Central/South America, Mexico, Cuba, Puerto Rico, Other) Unknown/Not Reported
Race 1: White Black or African American Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander Other Unknown or Not Reported
Race 2: White Black or African American Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander Other Unknown or Not Reported
Race 3: White Black or African American Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander Other Unknown or Not Reported
Residential Address: _____ City: _____
State: _____ Zip: _____ County: _____
Phone: _____ Email: _____

Screening Questionnaire

COVID-19 Screening Questions

1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19? Yes No
2. In the past two weeks, have you had contact with anyone who tested positive for COVID-19? Yes No
3. Do you currently or have you in the past two weeks had a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea? Yes No
4. Patient temperature: _____ Date: _____

Immunization Screening Questions

1. Are you sick today (cold, fever, acute illness)? Yes No
2. Do you have any allergies to medications, food, a vaccine or latex? Yes No
3. Have you had a serious reaction to a vaccine in the past? Yes No
4. Have you ever had Guillain-Barre syndrome? Yes No
5. Are you pregnant or is there a chance you could become pregnant in the next month? Yes No
6. Are you currently breastfeeding? Yes No
7. Do you have a blood-clotting disorder or are currently taking blood thinners? Yes No
8. Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia or other blood disorder? Yes No
9. Do you have cancer, leukemia, HIV/AIDS, rheumatoid arthritis, ankylosing spondylitis, Crohn's disease or other condition that makes it hard for you to fight infections? Yes No
10. Do you have a weakened immune system or in the past 3 months, taken medications that weaken it such as cortisone, prednisone, other steroids, anti-cancer drugs or radiation treatments? Yes No
11. During the past year, have you received a transfusion of blood or blood products or been given immune (gamma) globulin or an antiviral drug? Yes No

12. In the past 4 weeks, have you received any vaccinations or a TB skin test? Yes No
13. Have you previously received a vaccination for COVID-19? Yes No
- a. If yes, which vaccine did you receive? Pfizer Moderna Janssen/J&J
- b. If yes, what were approximate dates for: 1st Shot _____ 2nd Shot _____
14. Do you have a disability? Yes No

I have been offered a copy of the COVID-19 Emergency Use Authorization (EUA). I have read, had explained to me, and understand the information in the EUA. I ask that the vaccine be administered to me. I consent to inclusion of this immunization data in the Kansas Immunization Information System (KSWebIZ) for myself.

Signature of Patient

Date

Printed Name of Patient

Date of Birth

If patient is a minor:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

For Office Use Only

Vaccine: COVID-19

Route: Intramuscular **Dose:** ___ mL

Manufacturer: Moderna Pfizer J&J Other _____

Lot Number: _____

Site: Deltoid Left Right

Expiration Date: _____

Other _____

Administered By: _____

Date Given: _____

Signature and Title of Vaccine Administrator

CVS Pharmacy, Inc. #04323

10050 Woodland Rd, Lenexa, KS 66220

 Directions  (913) 397-0906

 **COVID-19 appointments available**

Last updated 3 hours ago

Book appointment 

Powered by **VaccineFinder**

 mapbox

COVID-19 Vaccines and Boosters at This Location

Pfizer-BioNTech (age 5-11)

 In Stock

Pfizer-BioNTech (age 12+)

 In Stock

This is EUA ↑

No community available