

Questionnaire of unvaccinated Children:

We are a group of vaccine critical parents. With this questionnaire we are trying to collect information of unvaccinated children for comparison purposes.

Thank you for your troubles and your help in accomplishing this huge task.

First name of child: _____

Brith date: _____

Reason for not vaccinating: _____

General description of child's health: _____

Illnesses the child has had up to now: (incl. complications and degree of sickness) _____

My child has the following: (Please circle the illness)

Asthma Eczema Allergies Hyperactivity Autism Diabetics MS

Other: (please describe) _____

Who treats your child when s/he is ill? (MD, Homeopath, osteopath...)

Information about siblings (Name, age, vaccinated or not?)

Address (In case of anonymity please give State and City only)

Name:

Street:

City and State:

Country:

e-mail:

Please send this information to:

Petra Cortiel

Stauffenstrasse. 9a

5020 Salzburg, Austria

E-mail: Cortiel@salzburg.co.at
