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**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY**

CATALINA MESSINA, KATHERINE DIEKER, )  
CHRISTOPHER JACOB, ANNA ZIMBERG )  
and ISABELLA WALZ, )  
 )  
Plaintiffs, )  
 ) Civil Action  
vs. )  
 )  
THE COLLEGE OF NEW JERSEY and ) VERIFIED COMPLAINT FOR  
THE BOARD OF TRUSTEES OF THE ) DECLARATORY AND INJUNCTIVE  
COLLEGE OF NEW JERSEY, ) RELIEF  
 )  
 )  
 )  
 )  
Defendant. )  
\_\_\_\_\_ )

**VERIFIED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF**

Plaintiffs Catalina Messina ("Ms. Messina"), Katherine Dieker ("Ms. Dieker"), Christopher Jacob ("Mr. Jacob"), Anna Zimberg ("Ms. Zimberg") and Isabella Walz ("Ms. Walz") (collectively "Plaintiffs") by and through their counsel, complain against Defendant The Board of Trustees of the College of New Jersey as follows:

**INTRODUCTION**

1. This is a civil action for declaratory and injunctive relief arising under the Fourteenth Amendment to the United

States Constitution.

2. It concerns the constitutionality of The College of New Jersey's Covid-19 Vaccine mandate ("The Mandate"), which requires that all students receive a "Covid-19 vaccination" to attend school.
3. The Mandate violates the liberty and privacy rights protected by the Fourteenth Amendment to the U.S. Constitution, including the right to refuse medical procedures and the right to not be medically surveilled by government actors. It also violates the Equal Protection clause of the 14<sup>th</sup> Amendment, the constitutional prohibition of unreasonable search and seizure, and the procedural due process clause.

#### **JURISDICTION AND VENUE**

4. This action arises under the Fourteenth Amendment to the U.S. Constitution.
5. This Court has jurisdiction over all claims pursuant to the Declaratory Judgment Act as codified at 28 *U.S.C.* Sections 2201 and 2202.
6. Venue is proper under 28 *U.S.C.* Section 1391(b) because Defendant is located in this District and because a substantial part of the events giving rise the claim occurred in this District.

## **PARTIES**

7. Plaintiffs are all current students at TCNJ, with the exception of Ms. Messina who has been forced to defer a semester due to the Mandate.
8. Defendant Board of Trustees of The College of New Jersey ("The Board") is the governing body of Defendant The College of New Jersey ("TCNJ"). TCNJ is a public institution of higher learning under *N.J.S.A. 18A:62-1* and the State of New Jersey has delegated the "government, control, conduct, management and administration" of TCNJ to the Board of Trustees. *N.J.S.A. 18A:64-2*. The TCNJ Board of Trustees is operating under the color and authority of law.

## **FACTUAL BACKGROUND**

### **I. The TCNJ mandate**

9. On May 10, 2021, TCNJ announced that all students must be "fully vaccinated with a COVID-19 vaccine authorized by the U.S. Food and Drug Administration (FDA) or authorized for emergency use by the World Health Organization (WHO)." Covid-19 Student Vaccination Special Requirements- Updated June 8, 2021 ("the Mandate"), attached hereto as Exhibit A.
10. All Plaintiffs live in the United States and would only be able to receive one of the authorized products

manufactured by Pfizer Inc ("Pfizer"), Moderna, Inc. ("Moderna") or Johnson and Johnson subsidiary Janssen ("J&J").

11. Students were given a deadline of August 9, 2021 to have received a first injection and upload proof of that injection to the Online Wellness Link ("OWL"), a TCNJ web application used to digitally track student medical information.

12. TCNJ's website states that students who missed the deadline would be deregistered from classes and would become ineligible to participate in academic or extracurricular activities in the 2021 Fall Term.

13. TCNJ states that it will "consider applications for exemption from the Covid-19 vaccine requirements" for:

- a. Students who are fully remote;
- b. Students who have sincerely held religious beliefs that prevent them from complying with the Mandate;  
and
- c. Students with a medical contraindication that prevents them from complying with the Mandate.

Exhibit A at IV (A)-(C).

14. Philosophical and "general objections" to The Mandate are not permitted and a "student's lack of confidence in or comfort with, or objection to the available vaccines

will not be sufficient for an exemption.” Exhibit A at IV (C)-(D).

15. Students who are already immune are still required to comply with the Mandate. *Id.*

16. Under the policy, all “exemption related documents shall become part of the student’s immunization/vaccination record and shall be reviewed periodically by a health professional to determine whether the exemption shall remain in effect and whether additional restrictions shall apply.” Exhibit A at IV (E).

17. If TCNJ determines that an exemption no longer applies, then the student is required to receive one of the mandated injections to continue school. This can apparently happen at any time. *Id.*

18. Under the Mandate, students who are granted an exemption are subject to a number of discriminatory and personally invasive conditions that TCNJ calls “accommodations.”

a. They are required to undergo medical testing procedures twice a week. Covid-19 Testing Special Requirements, updated June 8, 2021, attached hereto as Exhibit B;

b. They must submit to tracking and monitoring of their health through the test results and daily health

screenings<sup>1</sup>;

- c. They are banned from living on campus;
- d. They are *de facto* banned from participating in non-varsity athletic clubs;
- e. They are banned from traveling overnight with varsity athletic teams;
- f. They are banned from participating in all other activities and recreation that, in TCNJ's determination are high contact;
- g. They are not allowed to be physically close to others;
- h. They are required to quarantine if they are identified as a "close contact" of someone who tested positive for Covid-19, even if they themselves are healthy, have tested negative, or are immune from infection having already recovered from Covid-19;
- i. Their medical information was shared with their professors and perhaps others; and
- j. They may be asked to leave classes if there are too many exempted students in one class.

19. The medical surveillance system imposed by TCNJ on students is an ongoing incursion into the students' liberty and privacy.

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<sup>1</sup> <https://fall2021.tcnj.edu/health-and-wellness/#health-checkup>

20. On or about August 27, 2021, TCNJ emailed exempt students concerning mandatory testing. The emails told students they were required to be tested twice weekly on schedule even if they are not on campus. TCNJ warned that "[i]t is critical that you stay on track for testing every 3-4 days regardless of where you are. Going home, visiting sick relatives for a week, etc., are not excuses for a lapse in testing." A copy of the email is attached hereto as Exhibit D.
21. Students were warned: "Failure to comply with the required testing every 3-4 days will result in your inability to attend classes, disciplinary action and possible suspension." Exhibit D at pg. 2
22. TCNJ students are staffing the testing centers, checking in their fellow students, and in some instances even performing the test. Affidavit of Anna Zimberg at ¶11, Exhibit L hereto.
23. In addition to the testing TCNJ also requires exempt students to report their health information to TCNJ on a daily basis as part of the medical surveillance system.
24. With regard to sports, TCNJ has developed a convoluted and logically inconsistent method for restricting exempted students' participation in sports.
25. The extent to which "vaccine-exempt" students are

allowed to participate in their sport differs depending on whether they are a varsity or club athlete. Club athletes are prohibited from training with their team except for "low contact & socially distant drill based practices," and then only if the club's executive board submitted a practice plan with "modified practices" to the Sport Club Coordinator two weeks in advance of the first scheduled practice. If an e-board does not submit such a plan, "vaccine-exempt" students may not practice with the team and the club may be suspended if a "vaccine-exempt" student is allowed to participate. Sport Clubs Reopening Plan Fall 2021, attached hereto as Exhibit C.

26. In contrast, exempt varsity athletes are allowed to train and compete with their teams<sup>2</sup>.

27. Exempt students cannot participate in clubs where the e-board has not created a special "drill based" practice plan. In practice, this means that exempt students are *de facto* banned from playing non-varsity athletics. *Id.*

28. Exempt students are completely prohibited from practicing off-campus regardless of whether the sport is "high contact" or "low contact" because "[p]racticing off-

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<sup>22</sup> <https://fall2021.tcnj.edu/health-and-wellness/> (students with an exemption are allowed to participate in varsity sports with "potential restrictions for team travel").



campus does not allow for proper supervision of practices to ensure compliance with [the] guidelines." Thus, "vaccine-exempt" students are completely banned from baseball, bowling, softball, and ice hockey. Exhibit C.

29. Both varsity and club athletes who have not received the mandated pharmaceuticals are restricted from traveling with the sports teams to compete.

## **II. The Nature of the Mandated Pharmaceuticals**

30. The pharmaceuticals are called "vaccines" by the government, the media, and TCNJ, but it is not clear how they came to be categorized as "vaccines" because they do not fall under any statutory definition or traditional dictionary definition.

31. The word "vaccine" is not defined in the Vaccination Assistance Act or the National Childhood Vaccine Injury Act, the two federal statutes concerning vaccination.

32. The mandated pharmaceuticals do fall under the definition of gene therapy products, which the FDA Office of Cellular, Tissue, and Gene Therapies defines as products that are "administered as nucleic acids, viruses or genetically-engineered microorganisms, and mediate effects via: transcription or translation of the transferred

genetic material, or integration into the genome.<sup>3</sup>

33. The Pfizer and Moderna products are administered as RNA, which is a nucleic acid, and mediate effects by translation of that nucleic acid.<sup>4</sup>

34. Moderna's S-1 statement confirms that the FDA regulates mRNA products as gene therapy products. Moderna S-1 filing, attached hereto as Exhibit E.

35. The J&J product is administered as DNA, which is a nucleic acid, and mediates effects by transcription of that DNA.<sup>5</sup>

36. The Pfizer, Moderna, and J&J products are gene therapy products (hereinafter "the GTPs").

37. It is not known how long or how well the GTPs work to prevent viral transmission of Sars-Cov2. Information is being learned in real time.

38. The Fact Sheets for Recipients for each of the GTPs

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<sup>3</sup>Andrew Byrnes, "The Chemistry, Manufacturing and Controls (CMC) Section of a Gene Therapy IND" (undated) <https://fda.yorkcast.com/webcast/Play/efe41dc555fb4b2eab8f1ce5bb2ce023> (last accessed September 7, 2021)

<sup>4</sup> Jonathan Corum and Carl Zimmer, *How the Johnson & Johnson Vaccine Works*, New York Times, Updated May 7, 2021 ("The Johnson & Johnson vaccine is based on the virus's genetic instructions for building the spike protein. But unlike the Pfizer-BioNTech and Moderna vaccines, which store the instructions in single-stranded RNA, the Johnson & Johnson vaccine uses double-stranded DNA.") (last accessed September 16, 2021)

<sup>5</sup> *Id.*

states that there are known and unknown side effects that may occur. "Fact Sheet for Recipients and Caregivers" for Pfizer, Moderna, and J&J are attached here to as Exhibits F, G, and H respectively.

39. Data from the clinical trials shows that most people experience systemic short term symptoms of illness following the GTPs.<sup>6</sup>

40. Pfizer, Johnson and Johnson, and their subsidiaries have significant criminal records.

41. Moderna has no track record at all as it has never brought a product to market before and has never had a product approved by the FDA.

42. The Food and Drug Administration, the federal agency charged with overseeing the safety and efficacy of the GTPs

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<sup>6</sup> CDC, *Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events: Pfizer-BioNTech COVID-19 Vaccine*, (last reviewed May 14, 2021) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/reactogenicity.html#18-systemic-reactions> (last accessed September 7, 2021).

<sup>6</sup> CDC, *The Janssen COVID-19 Vaccine's Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events*, (last reviewed August 12, 2021) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/reactogenicity.html> (last accessed September 7, 2021).

<sup>6</sup> CDC, *The Moderna COVID-19 Vaccine's Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events*, (last reviewed August 9, 2021) <https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/reactogenicity.html> (last accessed September 7, 2021).

has a history of failing to prevent the public from dangerous pharmaceuticals.

### **III. The Plaintiffs and the Mandate's effect on them**

43. Plaintiff Catalina Messina is in her last year of study in the Careers and Community Development program at TCNJ, a four year certificate program for students with intellectual disabilities. (Affidavit of Catalina Messina ("Messina Aff.") attached hereto as Exhibit I at ¶7.)

44. Ms. Messina has Asperger's Syndrome and had encephalopathy at birth. Ms. Messina is competent to make her own medical decisions. Messina Aff. at ¶8.

45. Ms. Messina was granted a religious exemption from the Mandate for the Fall 2021 semester, but she is unable to comply with TCNJ's requirement that she undergo Covid testing every 3-4 days because of the mental and physical toll the 30+ medical procedures will take on her. (Messina Aff. at ¶¶6, 9).

46. Because of TCNJ's Mandate and TCNJ's requirement that exempt students undergo medical testing every 3-4 days, Ms. Messina was forced to defer the first semester of her senior year. (Messina Aff. at ¶6).

47. Prior to Covid and prior to the Mandate, Ms. Messina lived on campus and participated in activities on campus. She misses her studies and extracurricular activities like

the Best Buddy Club, a club for students with disabilities and students without disabilities to socialize through events like cooking classes, talent shows, bowling, and other fun activities. (Messina Aff. at ¶¶10, 12).

48. Ms. Messina does not know if her exemption will be allowed in the Spring 2022 semester, but she will not be able to attend school even if it is so long as the medical testing procedures are required.

49. Even if the testing requirements were lifted, living on campus is a requirement of the Careers and Community program and Ms. Messina is banned from living on campus. Ms. Messina does not drive and is not sure how she would get to campus even if she were permitted to stay in the program despite not living on campus. (Messina Aff. at ¶10).

50. TCNJ's Mandate has completely derailed Ms. Messina's education and life plans into which she invested three years of her time and considerable money.

51. Plaintiff Katherine Dieker ("Ms. Dieker") is in her junior year at TCNJ doing a double major in Mathematics and Secondary Education. She is a dedicated student and maintains a 3.96 GPA. Affidavit of Katherine Dieker ("Dieker Aff.") attached hereto as Exhibit J at ¶¶6, 7.

52. Ms. Dieker loves campus life and is highly active at

TCNJ. She is President of the College Diabetes Network, a member of Kappa Delta Pi (the education honors society), the community liaison for the Council of Student Teachers of Mathematics, and an Orientation Leader for TCNJ. Dieker Aff. at ¶8.

53. Ms. Dieker has autoimmune conditions, including Type 1 Diabetes. Her endocrinologist wrote a letter to TCNJ for Ms. Dieker to submit with her request for a medical exemption. TCNJ sat on the exemption request for 47 days and then rejected it. Dieker Aff. at ¶¶ 18-19.

54. Ms. Dieker requested and was granted a religious exemption for the Fall 2021 semester. Dieker Aff. at ¶17.

55. Ms. Dieker is captain of the Women's Club Lacrosse team, but is not allowed to fully participate in the club and she is not allowed to travel with the team. (Dieker Aff. at ¶9).

56. Ms. Dieker planned to live on campus this year. On July 13, 2021, she received an email with her move-in assignment, but on July 15, 2021 she was informed that the assignment was cancelled because she has not taken a GTP. Dieker Aff. at ¶11.

57. Since beginning school, Ms. Dieker has been approached by two of her professors concerning her medical status.

58. One professor asked Ms. Dieker to voluntarily and

discretely segregate herself from other students. The professor stated that the class would work in groups frequently and told Ms. Dieker that she was intentionally put in a group of three people so she could more easily segregate and physically distance from other students. Dieker Aff. at ¶13.

59. Another professor told Ms. Dieker that one of the accommodations she has for her Type 1 diabetes has to be "tweaked." Ms. Dieker wears a Dexcom device, which monitors her blood sugar and causes her phone to beep if her blood sugar is low. When her blood sugar is low, she must eat or drink to raise it. Consequently, Ms. Dieker has an accommodation allowing her to eat or drink in class to maintain a safe blood sugar level. Her professor told her that they were going to have to "tweak" that accommodation and that she needs to do a better job to make sure she does not have an emergency (i.e., low blood sugar). Ms. Dieker emailed TCNJ's Accessibility Resource Center on September 5, 2021 explaining the situation and asking what she should do, but Disability Support Services did not respond to the email. She visited in person on September 13, 2021 to inquire as to what she should do and is still awaiting a response as of September 16, 2021. Dieker Aff. at ¶¶14-15.

60. Ms. Dieker has been forced to submit to twice weekly medical procedures in the form of testing to continue her education. She does not want to undergo the medical testing procedures. They have been a detriment to her health and inconvenient to fit into her schedule. Since school started she has suffered two nosebleeds shortly after testing. (Dieker Aff. at ¶16).

61. Ms. Dieker is afraid that after two years of hard work and investment she will not be able to complete her degree.

62. Plaintiff Christopher Jacob is in his junior year at TCNJ. He is majoring in communications and maintains a 3.75 GPA. He is a member of the TCNJ Men's Club Soccer team. Affidavit of Christopher Jacob ("Jacob Aff.") attached hereto as Exhibit K at ¶7-9.

63. Mr. Jacob was granted a religious exemption from TCNJ's mandate for the Fall 2021 semester.

64. Mr. Jacob is *de facto* banned from participating in the club soccer. He is not able to participate with the team unless the e-board undertakes the onerous process of creating special drill practices, submitting plans for the practices to the Sport Club Coordinator for approval, and notifying the Sport Club Coordinator each week as to types of practices scheduled that week.

65. However, if Mr. Jacob were playing varsity soccer, he



- would be allowed to train and play with the team.
66. Mr. Jacob objects to the forced testing and medical surveillance of his health as a condition of his education.
67. Plaintiff Anna Zimberg is a sophomore at TCNJ. Affidavit of Anna Zimberg ("Zimberg Aff.") attached hereto as Exhibit L at ¶7.
68. Ms. Zimberg has a medical exemption to the Mandate. Zimberg Aff. at ¶8.
69. Like the other students, Ms. Zimberg is banned from living on campus, is subjected to invasive medical testing every 3-4 days, and is subject to medical surveillance by the school. Zimberg Aff. at ¶9.
70. Ms. Zimberg had the degrading experience of having to submit to medical testing performed by a fellow student who is not a medical professional. (Zimberg Aff. at ¶\_).
71. It is unknown why TCNJ has students performing medical testing procedures on other students.
72. Ms. Zimberg has also been subject to discrimination by her professors.
73. One of her professors sent her an email asking her to sit by the window due to her medical status. Her learning experience has been altered by this discrimination because she has ADHD and usually sits front and center. It is harder for her to hear what is going on in class. Zimberg

- Aff. at ¶11.
74. Ms. Zimberg is immune to Covid having contracted and recovered from it in April of 2021. Zimberg Aff. at ¶15.
75. Plaintiff Isabella Walz is 20 years old and in her junior year at TCNJ. (Affidavit of Isabella Walz ("Walz Aff.") at ¶¶5-6).
76. Ms. Walz is attending TCNJ with a religious exemption. (Walz Aff. at 8¶)
77. Ms. Walz recently recovered from Covid-19. (Walz Aff. at ¶15).
78. She has been granted a "testing exemption" for three months after she contracted Covid-19. *Id.*
79. After three months, her testing exemption will end and she will be required to submit to twice weekly medical testing procedures and medical surveillance to continue attending school even if she is still immune. *Id.*
80. Ms. Walz has also been contacted by a professor to remind Ms. Walz that she must distance herself from other students due to the her medical status. Walz Aff. at ¶9.

## **CONSTITUTIONAL CLAIMS**

### **I.**

#### **THE MANDATE VIOLATES THE STUDENTS' 14<sup>TH</sup> AMENDMENT RIGHTS TO LIBERTY AND PRIVACY**

81. Plaintiffs repeat and reallege each of the preceding paragraphs.

82. The Mandate requires students to choose between receiving experimental gene therapy products or leaving school.

83. The Mandate requires exempted students to undergo twice weekly medical procedures in the form of testing for Covid-19.

84. People have a strong liberty and privacy interest and right in exercising sovereignty over their body and declining unwanted medical procedures like the GTP injections and medical testing.

85. The state's interest in stemming the spread of Covid-19 must be weighed against the individual right to decline medical procedures.

86. The individual's right to decline the GTPs outweighs the state's interest when:

a. It is not known how long or how well the GTPs work to prevent viral transmission or sickness;

b. There are known and unknown risks of taking the GTPs;

c. The targeted disease has a low mortality rate overall and a very low mortality rate for the individual;

d. There are a wide range of treatments available for people who do become sick with the virus;

- e. The individual who the state wishes to compel to take the GTP is healthy and the procedure provides minimal, if any, benefit to them;
- f. the individual who the government wishes to compel to take the GTP has been advised by their doctor not to take the GTP;
- g. The medical procedure the government wishes to compel is novel and experimental with unknown long-term effects;
- h. The medical procedure is likely to make an individual sick in the short term;
- i. The medical procedure was been invented by and is manufactured by corporations with criminal track records or no track record at all;
- j. The federal agency tasked with oversight of public safety is plagued by scandals and high profile failures;
- k. The medical procedure involves a new technology that has never before been approved for or used in healthy humans;
- l. The Mandate is a bureaucratic enactment, not legislative action;
- m. It does not account for students who are naturally immune; and

n. It treats exempt athletes playing the same sport differently depending on whether they are members of the varsity team or club team.

87. TCNJ's requirement that Plaintiffs undergo medical testing procedures every 3-4 days is not narrowly tailored to achieve a compelling purpose.

88. TCNJ's requirement that Plaintiffs undergo medical testing procedures every 3-4 days is an unconstitutional incursion on Plaintiffs' liberty and privacy rights.

89. The Mandate is unconstitutional.

## II.

### THE MANDATE VIOLATES EXEMPTED STUDENTS 14<sup>TH</sup> AMENDMENT RIGHTS TO PRIVACY AND LIBERTY BY MEDICALLY SURVEILLING THEM

90. Plaintiffs repeat and reallege all of the preceding paragraphs as if set forth at length herein.

91. The Mandate requires Plaintiffs to undergo the medical procedure of testing for Covid-19 twice weekly and to report those results to the school.

92. Plaintiffs are required twice a week to set aside personal time to go to a testing center to submit their bodily fluids for analysis.

93. They are required to do this regardless of whether they are sick or healthy.

94. Plaintiffs are required to upload their test results to

- the Online Wellness Link so that the school may track their medical and health status.
95. Plaintiffs are required to make daily reports to TCNJ about their health.
96. Students who do not comply must either take a GTP or will be subject to disenrollment.
97. Students are required to comply with medical testing requirements even when they are away from campus.
98. There is no legal or historical precedent for a state to require healthy students to submit to ongoing invasive medical testing and continually report their health status to a state entity.
99. The lack of precedent is *prima facie* evidence that the liberty to be free from invasive testing and medical surveillance by the state is fundamental and deeply rooted in the country's history and tradition.
100. The state's interest in stemming the spread of Covid-19 must be weighed against the individual right to privacy and to not have their health surveilled by a government entity.
101. The individual's right to be free of medical surveillance by a government entity outweighs the state's interest and the medical surveillance is not narrowly tailored to achieve a compelling state interest.

**III.**  
**THE MANDATE VIOLATES THE EQUAL PROTECTION CLAUSE OF THE 14<sup>TH</sup>**  
**AMENDMENT**

102. Plaintiffs repeat and reallege each of the preceding paragraphs as if set forth at length herein.

103. Students who assert their constitutional rights under the 14<sup>th</sup> Amendment and do not receive the GTP are banned from attending TCNJ while students who agree to receive the GTP are allowed to continue attending.

104. Students who were granted an exemption to the unconstitutional Mandate are subjected to unequal treatment that implicates fundamental rights.

105. The unequal treatment is not narrowly tailored to serve a compelling government interest.

106. Students who are subject to unequal treatment under The Mandate because they did not receive a GTP are a discrete and identifiable group.

107. Students who are subject to unequal treatment under the Mandate because they were granted an exemption to the Mandate for Fall 2021 are a discrete and identifiable group.

108. The Equal Protection clause is violated by TCNJ's policy as to exempt students in many ways, including the following:

- a. TCNJ is informing professors of their private medical information;
- b. TCNJ professors are treating the students on the list unequally;
- c. TCNJ prohibits the exempt students from participating in a range of sports and activities based on their medical status;
- d. TCNJ further treats exempt students unequally based on whether they are playing for the varsity or club sport;
- e. TCNJ requires the exempt students to undergo medical testing and surveillance, which is not required of students who took the GTPs;
- f. Exempt students are banned from living on campus; and
- g. Exempt students are subject to removal from classes if there are too many other exempted students in the class.

109. The unequal treatment is not narrowly tailored to achieve a compelling state interest.

**IV.**  
**THE MANDATORY MEDICAL TESTING VIOLATES THE STUDENTS' RIGHT TO BE FREE FROM UNREASONABLE SEARCH AND SEIZURE**

110. Plaintiffs repeat and reallege all of the preceding paragraphs as if set forth fully herein.



111. The medical testing requires students to surrender their bodily fluids for analysis without any particularized suspicion, without a warrant, and without due process.

112. The medical testing requires students to surrender and report personal information about their health status without any particularized suspicion, without a warrant, and without due process.

113. The medical testing is a violation of the students' right to be free from unreasonable search and seizure as set forth in the Fourth Amendment and applied to the school through the Fourteenth Amendment.

**V.**

**VIOLATION OF 42 U.S.C. §1983**

114. Plaintiffs repeat and reallege each of the preceding paragraphs as if set forth fully herein.

115. TCNJ has, while acting under the color and authority of law, deprived Plaintiffs of their constitutional rights.

**PRAYER FOR RELIEF**

Wherefore, Plaintiffs request the following relief:

116. Declare TCNJ's Vaccine Mandate unconstitutional;

117. Declare TCNJ'S Mandate unconstitutional as applied to each Plaintiff;

118. Enjoin TCNJ from enforcing the Mandate;

119. Enjoin TCNJ from forcing healthy students to undergo

- medical testing procedures;
120. Enjoin the medical surveillance of TCNJ students;
121. Enjoin TCNJ from discriminating against students who were not in compliance with the Mandate through additional requirements, restrictions, or disclosures of personal medical information;
122. Grant Plaintiffs their costs and attorneys fees under 42 U.S.C. Section 1988 and any other applicable authority; and
123. Grant any and all other such relief as this Court deems just and equitable.

Respectfully submitted,

Dated: September 22, 2021

s/ Dana Wefer, Esq.

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Attorney for Plaintiffs

**COMPLAINT VERIFICATION**

Each of the Plaintiffs has sworn in the attached and incorporated Declarations that all facts pertaining or relating to them are true under penalty of perjury.

**CERTIFICATION PURSUANT TO L. CIV. R. 11.2**

The matter in controversy is not the subject of any other action pending in any court, or of any pending arbitration or administrative proceeding.

Dated: September 26, 2021

/s Dana Wefer, Esq.  
Dana Wefer, Esq.  
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Attorney for Plaintiffs

# CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS** Catalina Messina, Katherine Dieker, Christopher Jacob, Anna Zimberg and Isabella Walz

**DEFENDANTS** The College of New Jersey and The Board of Trustees of the The College of New Jersey

**(b) County of Residence of First Listed Plaintiff**  
(EXCEPT IN U.S. PLAINTIFF CASES)

**County of Residence of First Listed Defendant**  
(IN U.S. PLAINTIFF CASES ONLY)

**(c) Attorneys (Firm Name, Address, and Telephone Number)**  
Law Offices of Dana Wefer  
375 Sylvan Ave, Suite 32  
Englewood Cliffs, NJ 07632

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

1 U.S. Government Plaintiff

3 Federal Question (U.S. Government Not a Party)

2 U.S. Government Defendant

4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

**V. ORIGIN** (Place an "X" in One Box Only)

1 Original Proceeding

2 Removed from State Court

3 Remanded from Appellate Court

4 Reinstated or Reopened

5 Transferred from Another District (specify)

6 Multidistrict Litigation - Transfer

8 Multidistrict Litigation - Direct File

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

**VI. CAUSE OF ACTION**

U.S. Constitution  
Brief description of cause:

**VII. REQUESTED IN COMPLAINT:**

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

**DEMAND \$**

CHECK YES only if demanded in complaint:  
**JURY DEMAND:**  Yes  No

**VIII. RELATED CASE(S) IF ANY** (See instructions):

JUDGE

DOCKET NUMBER

DATE 9/26/21 SIGNATURE OF ATTORNEY OF RECORD Dana Wefer

**RECEIPT #** **AMOUNT** **APPLYING IFP** **JUDGE** **MAG. JUDGE**

# **EXHIBIT A**

## COVID-19 STUDENT VACCINATION SPECIAL REQUIREMENTS

For the Fall 2021 semester, TCNJ plans to resume in-person activities. The objective of these Special Requirements is to minimize outbreaks of COVID-19 within the TCNJ community, to prevent or reduce the risk of transmission of COVID-19, and to promote the public health of the community. Accordingly, TCNJ is requiring that all students be fully vaccinated with a COVID-19 vaccine authorized by the U.S. Food and Drug Administration (FDA) or authorized for emergency use by the World Health Organization (WHO). Compliance with these Special Requirements allows the campus community to achieve some semblance of normalcy, to get back to College activities and safely resume in-person interactions. Information about COVID-19 vaccinations for TCNJ students can be found at the [COVID-19 Vaccination Requirement](#) webpage.

- I. Accessibility to COVID-19 Vaccination
  - A. TCNJ plans to continue hosting vaccination opportunities on campus as long as there is sufficient demand.
  - B. As of the date of the issuance of these Special Requirements, vaccines are provided free of charge to all people living in the United States, regardless of their immigration or health insurance status.
- II. The following documents will be accepted as evidence of COVID-19 vaccination provided that the type of acceptable COVID-19 vaccine and the date each dose of vaccine was administered are stated on the document:
  - A. CDC COVID-19 Vaccination Record card.
  - B. An official record of COVID-19 vaccination from the New Jersey Immunization Information System (NJIS) or other State immunization registry.
  - C. A record of COVID-19 vaccination signed on office letterhead by a licensed physician, nurse practitioner, physician's assistant, registered nurse or pharmacist.
  - D. A military immunization or health record from the United States Armed Forces documenting COVID-19 vaccination.
- III. Students must upload proof of vaccination into the TCNJ Online Wellness Link, OWL, at <https://tcnj.medicatconnect.com/>.
- IV. Exemptions – The College will consider applications from students for exemption from the COVID-19 vaccine requirement as described below. Students who receive an exemption from the COVID-19 vaccine requirement shall be subject to additional restrictions and requirements to ensure the health and safety of the campus community.
  - A. Students whose entire course of study is entirely web-based or who are enrolled in a fully online program may be exempted from the requirement

of a COVID-19 vaccine. To qualify, the student must have no physical presence on campus. The student must submit a written signed statement explaining how their course of study will not require the student's physical presence on campus. (Students should understand that without a medical or religious exemption, they should have no expectation that any particular class, course of study or program that is not otherwise offered to all students in a web-based or fully online format, will be available to them in that format.)

- B. A student may be considered for exemption from the COVID-19 vaccine requirement if they have a medical contraindication for COVID-19 vaccination and if failure to receive this immunization does not prevent fulfillment of the essential functions and/or curricular requirements of the academic program. Conditions comprising valid medical contraindications to vaccine administration are those set forth by the Centers for Disease Control and Prevention. Said student must provide a written statement from their healthcare provider licensed to practice medicine in the United States or a foreign country stating that a specific immunization is medically contraindicated, and giving the reasons for and duration of this contraindication.
- C. A student may be considered for exemption from the COVID-19 vaccine requirement if the student (or the student's parent or guardian if the student is a minor) provides a written signed statement explaining how immunization conflicts with their bona fide established and sincerely held religious beliefs or practices. A general philosophical or moral exemption to the vaccination will not be sufficient for an exemption on religious grounds.
- D. Written statements required by paragraphs 4.A-C should be submitted by the student to the College by uploading the appropriate information into TCNJ's [Online Wellness Link](#) (OWL). Absent such a statement, a student's lack of confidence in or comfort with, or objection to the available vaccines will not be sufficient for an exemption.
- E. All exemption related documents shall become part of the student's immunization/vaccination record and shall be reviewed periodically by a health professional to determine whether the exemption shall remain in effect and whether additional restrictions shall apply. In the event an exemption no longer exists, the student must then comply with these Special Requirements.

- V. Exemption Accommodations – Upon approval of one of the exemptions listed above, the College shall consider reasonable accommodations so long as the failure to be vaccinated will not prevent the student from fulfilling their curricular requirements. Accommodations may include restrictions or requirements to which vaccinated students are not subject, such as regular COVID-19 testing or limitations on or exclusion from certain campus activities.

Students who have been granted a medical or religious exemption from the vaccine must:

- wear a mask and observe physical distance requirements while indoors on campus
- submit to COVID-19 testing requirements pursuant to the COVID-19 Testing Special Requirements and the testing protocol established by the College
- quarantine if they have been identified as a close contact of someone who has tested positive for the COVID-19 virus, even if they themselves have tested negative

Students who have been granted a medical or religious exemption from the vaccine and who are participating in or wish to participate in a clinical rotation (e.g., at a hospital) or student teaching assignment at an off-campus site (collectively, a “Field Experience”) must, in addition to the above requirements:

- comply with the requirements of their off-campus site
- acknowledge and accept that their unvaccinated status may limit or even eliminate their options for a Field Experience and that could impede or prevent their successful completion of a degree program and/or licensure in a particular discipline or profession

Students with an exemption will not be permitted to:

- live in the residence halls
- participate in club, organization, recreation, cultural or campus activities that involve high contact with others and for which physical distancing is not feasible and enforced.

Other accommodations will be considered on a case-by-case basis.

## VI. Resources

- A. CDC - COVID-19 Vaccine - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
- B. NJ COVID-19 Vaccine - <https://covid19.nj.gov/pages/vaccine>



# **EXHIBIT B**

## COVID-19 TESTING SPECIAL REQUIREMENTS

TCNJ is dedicated to promoting good health, well-being, and safety for its students, employees and visitors. In order to assist in identifying campus members who have contracted COVID-19 and minimizing the spread of COVID-19, the College mandates compliance with the practices set forth below.

1. The College has determined that periodic serial testing for the virus that causes COVID-19 is a critical component of an effective strategy to reduce the risk of the spread of COVID-19 and to protect the health of those who will come to campus.
2. All unvaccinated students who have been granted a medical or religious exemption from the COVID-19 vaccination requirement shall be subject to mandatory periodic COVID-19 testing pursuant to the testing protocol established by the College. Students (whether vaccinated or unvaccinated) who participate in face-to-face College related off-campus programs or activities (e.g., clinical rotations) shall be subject to the monitoring and testing requirements of their site.
3. All unvaccinated employees who perform any work on campus<sup>2</sup> shall be subject to mandatory weekly COVID-19 testing requirements pursuant to the testing protocol established by the College. Employees who do not perform any work on campus are also eligible to participate in the on-campus testing program.
4. All students and employees (whether vaccinated or not) may be subject to symptomatic testing, or random asymptomatic testing, or if there is evidence of substantial or high transmission of COVID-19 in the community or the College determines other circumstances warrant such testing to protect the health and safety of the campus community, regular serial testing.
5. The COVID-19 tests shall be administered on campus at no cost to any student or employee who is tested on campus, provided that those individuals who are tested on campus (the “Tested Individuals”) submit health insurance information to the testing administrators and cooperate in the submission and processing of insurance claims for costs associated with the testing, for which claims the College shall be the ultimate beneficiary.
6. The results of testing shall be provided both to the Tested Individual and to the College. Tested Individuals shall cooperate with the College or public health contact tracing efforts in the event of a positive test and cooperate in providing any authorization that allows the testing administrator to provide test results to the College.
7. Those who have reported to the College a positive test for COVID-19 may qualify for a temporary test exemption during the 90-day period following that positive test.
8. Those subject to the testing requirement are permitted to submit COVID-19 test results from an alternative testing provider in lieu of participating in the on-

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<sup>2</sup> For purposes of these Special Requirements, the phrase “perform any work on campus” means any activity or work on campus that does not include minimal (less than four hours per week) or incidental presence on campus (e.g., to pick up mail from the campus mailroom, to pick up items from an office or workspace, etc.) provided there is no in-person contact within 6 feet of other individuals for more than 15 minutes over a 24 hour period during the minimal or incidental presence on campus.

campus testing protocol, but those choosing to do so would be responsible for any costs associated with those alternative tests.

9. Any questions, concerns, or reports of non-compliance with these COVID19 Special Testing Requirements should be directed to [covidcomply@tnj.edu](mailto:covidcomply@tnj.edu).

# **EXHIBIT C**

## **SPORT CLUBS REOPENING PLAN**

### **FALL 2021**

Since the beginning of the pandemic, TCNJ has prioritized the health and safety of its community members. While we are preparing to return to a “normal” school year, there will be slight modifications that all students must abide by. This report will detail several of those new modifications and what they mean for our sport club program.

#### **OVERVIEW: Vaccinations**

While we would prefer to have all students enjoy the same on-campus experience this fall, we feel there are safety measures that must be taken to ensure the health, safety, and wellbeing of our campus. As President Foster outlined in her May 7 message, The College of New Jersey has added the COVID-19 vaccine to its list of required vaccinations for students. However, students with valid medical reasons precluding vaccination, as well as those with established and sincerely held religious beliefs that preclude receipt of a vaccination, may apply for an exemption from the vaccine requirement.

The TCNJ experience will differ in fall 2021 for students who are fully vaccinated and those who are granted an exemption. (The CDC considers individuals to be fully vaccinated if they have received their single-dose vaccine or second of two doses two or more weeks ago). A campus wide email was sent from the VP of Student Affairs, Sean Stallings, and Director of Health Services, Janice Vermeychuk, which details the differing experiences and activities students can participate in whether they are fully vaccinated or granted an exemption. Here is a breakdown of that information:

Students who are fully vaccinated may:

- live on campus and participate in the full range of activities on campus this fall. They do not need to wear masks, physically distance, or have routine COVID-19 testing if they do not have COVID-19-like symptoms. If they are a close contact of someone who has tested positive, vaccinated students would be exempt from quarantine unless they develop COVID-19-like symptoms.
- be subject to symptomatic testing, or random asymptomatic testing, or regular testing if there is evidence of substantial or high transmission in the community.
- choose to wear a mask, maintain physical distance, or receive asymptomatic testing if they wish.

Students who have been granted a medical or religious exemption from the vaccine must:

- wear a mask and observe physical distance requirements while on campus.
- be tested on campus multiple times (generally twice) weekly for COVID-19.
- quarantine if they have been identified as a close contact of someone who has tested positive for the COVID-19 virus, even if they themselves have tested negative.

Students with an exemption will be permitted to (while wearing a mask and physically distancing):

- attend class in person. (Faculty will be provided with names of exempted students in their course; staff will be provided with names of exempted students with whom they meet for advising, mentoring, or other high-contact interactions.)

- use the library.
- visit offices on campus.
- use the dining facilities.
- participate in varsity athletics (with potential restrictions for team travel).
- participate in club, organization, recreation, cultural or campus activities that do not involve high contact with others and for which physical distancing is feasible and enforced by the group.

However, students with an exemption will not be permitted to:

- live in the residence halls.
- participate in club, organization, recreation, cultural or campus activities that involve high contact with others and for which physical distancing is not feasible and enforced.

### **HIGH CONTACT VS LOW CONTACT SPORT CLUBS**

The key impact this information will have on our student experience with the sport club program is whether the sport they wish to participate in is deemed “high contact.” A thorough review of the sport club program was conducted by the Director of Recreation, Robert Simels, and the Sport Club Coordinator, Shawn Dean, to classify each sport club into the category of “high contact” or “low contact.” The nature of each sport and whether the sport club practices/competes indoors vs. outdoors were all factored into the decision making process. In addition, we have learned from the CDC that the risk for transmission of the virus is increased indoors when compared to outdoors, whether the facility has adequate or poor ventilation, and the amount of time spent together with a group of people, which all play a significant role in the transmission of the virus and the potential new variants.

All factors were taken into consideration when determining to classify each sport club. A full list of high contact and low contact sport clubs and whether they practice on-campus and/or off-campus is as follows:

#### High Contact Sport Clubs:

1. Men’s Basketball (on-campus)
2. Women’s Basketball (on-campus)
3. Cheerleading (on-campus & off-campus)
4. Crew (on-campus & off-campus)
5. Dance (on-campus & off-campus)
6. Field Hockey (on-campus)
7. Ice Hockey (off-campus)
8. Men’s Lacrosse (on-campus)
9. Women’s Lacrosse (on-campus)
10. Men’s Rugby (on-campus)
11. Women’s Rugby (on-campus)
12. Men’s Soccer (on-campus)
13. Women’s Soccer (on-campus)

14. Ultimate Frisbee (on-campus)
15. Men's Volleyball (on-campus)
16. Women's Volleyball (on-campus)

*Each sport club identified above involves some degree of personal contact with more than one other person for a duration of time. In most scenarios, proper social distancing is not feasible and cannot be enforced without changing the set rules and policies that govern each sport.*

Low Contact Sport Clubs:

1. Baseball (off-campus)
2. Bowling (off-campus)
3. Fencing (on-campus)
4. Lions Gaming (on-campus and virtuality)
5. Softball (off-campus)
6. Spikeball (on-campus)
7. Swimming (on-campus)
8. Tennis (on-campus)
9. Unified Sports (on-campus)

*Each sport club identified above allows for scenarios of proper social distancing that will keep all students safe from close contact and potential spread of Covid.*

## **IMPACT ON SPORT CLUB PROGRAM**

### **Vaccinated Students**

Vaccinated students are allowed to do the following:

1. Participate fully in both "high contact" and "low contact" sport clubs.
  - a. Students will be required to follow the campus mask wearing policy.
2. Participate fully with sport clubs that practice both on-campus and off-campus
3. Allowed to travel with their team for both off-campus practices and competitions
4. Allowed to stay overnight in accommodations for away-based competitions and tournaments

### **Vaccine-exempt Students**

Vaccine-exempt students must abide by the following guidelines:

1. Cannot travel with sport club teams for practices and competitions regardless if they are classified as "high contact" or "low contact" clubs
2. Allowed to fully participate in on-campus, "low contact" practices and competitions only
  - a. Required to wear mask at all times while indoors and it is recommended they wear masks outdoors
3. Allowed to be a part of "high contact" sport clubs but cannot participate in "high contact activities that result in close proximity interaction" practices

- a. Will only be allowed to participate with “high contact” sport clubs during “low contact and social distant skill based practices
  - b. These two practice types are described in the next section titled “Alternative Practices.” Please refer to that section for more information.
4. Restricted from staying in overnight accommodations (since vaccine-exempt students are not allowed to travel)

### **ALTERNATIVE PRACTICES**

Vaccine-exempt students are restricted from traveling off-campus for competitions and practices, regardless if the club is “high contact” or “low contact.” Practicing off-campus does not allow for proper supervision of practices to ensure compliance with our guidelines. For this reason, vaccine-exempt students will not be allowed to participate in any capacity with off-campus sport clubs. However, for any on-campus “low contact” sport club, they will be allowed to participate fully but are required to wear a mask at all times while indoors and recommended for outdoors. For on-campus “high contact” sport clubs, vaccine-exempt students will not be allowed to participate fully with the club unless the club submits a practice plan, with modified practices.

Each club’s e-board has the option to submit practice plans to the Sport Club Coordinator which distinguishes two types of practices they can hold: high contact activities that result in close proximity interaction practices or low contact & socially distant drill based practices. Students who are exempt from the vaccine can participate in low contact & drill based practices since these practices are focused more on skill development and will not include a high level of contact. Vaccine-exempt students must continue to wear a mask indoors and it is recommended they continue wearing it for outdoor practices.

Practice plans must be submitted at least two weeks in advance of the scheduled first practice for the Sport Club Coordinator to review and approve or suggest some adjustments. After the practice plans have been approved, the sport club’s e-board will also be responsible to notify the Sport Club Coordinator each week when the high contact and low contact practices will be held so the sport club staff is aware of this.

Failure to comply with these guidelines can result in the sport being suspended from operating for a duration of time and having to meet with the Sport Club Coordinator before activities can be resumed.

### **REQUIREMENTS TO PARTICIPATE**

Regardless if students are vaccinated or exempt, everyone will be required to complete the Health Check on the TCNJ Roar app prior to each practice. If students receive a green check mark, they will be allowed to participate in the practice. If they receive a red mark, they must not attend practice and will be contacted by the TCNJ Covid Tracing Team for further information. The Tracing Team will communicate with the student to determine if proper isolation or



quarantine is necessary and determine the next action steps to keep the student and community safe from potential spread of Covid.

In addition, vaccine-exempt students will be required to attend mandatory, weekly Covid testing. TCNJ has a partnership with Bergen New Bridge Medical Center where Covid testing will be held in the Decker Hall Social Space. Dates and times for Covid testing will be determined closer to the start of the semester. As proof of attending a weekly Covid test, students will be required to present their Covid testing card to each sport club staff member on shift which indicates they had a test completed within a week of the practice they are attending.

### **RECOMMENDATIONS FOR STUDENTS RECOVERING FROM COVID**

If a student tests positive for Covid and has mild to severe symptoms, it is recommended that they ease their way back to strenuous activity at practice after they recover from the virus. Studies have shown that rushing back too quickly to strenuous activities can lead to heart issues that can be detrimental to students' health. It is recommended that students ease their way back into strenuous activity over a duration of two weeks to ensure their bodies have fully combated and recovered from Covid.

### **TRAVEL**

Recognized student organizations (which include all sport clubs) will be allowed to travel again in the fall 2021 semester. This includes travel in and out of state for competitions, regional tournaments, national tournaments, etc. The only restrictions include the following:

1. Only fully vaccinated students will be allowed to travel
2. Students who are exempt from the vaccine will not be allowed to travel with their club
3. Sport clubs can only host on-campus competitions against other schools and universities that have mandated the Covid vaccine for their students
  - a. For off-campus locations, sport clubs can compete against all schools and universities regardless if they mandated the vaccine requirement

Students can travel by means of personal vehicles, renting cars or buses, and by plane. Students will be required to follow any state or federally mandated mask wearing guidelines and rules in terms of transportation. In addition, vaccinated students will be allowed to stay overnight in hotels, motels, Airbnbs, etc. as long as the club properly completes the travel request form and the travel has been approved by the Sport Club Coordinator.

For details on our full travel policy, please reference our Sport Club Handbook located [here](#).

### **COMPETITIONS**

Sport clubs will be allowed to host competitions on and off campus during the fall 2021 semester. This includes both indoor and outdoor competitions.

Visiting teams that come to TCNJ's campus for games and competitions will be required to do the following:

1. Be fully vaccinated in order to compete against our TCNJ sport clubs on-campus
2. Download the Roar app and complete the Health Check to receive a green check mark that allows them to come to campus
3. Sign our Visiting Team Waiver upon arriving at the facility

It will be the responsibility of each club's e-board to communicate this information well in advance to any visiting team's e-board/captains. At each contest held on-campus, there will be Sport Club staff present to help ensure all three items have been completed and will be tasked with completing this at every game they are scheduled to work.

For clubs that host home competitions off-campus, these items must be completed by the club's e-board and all necessary paperwork must be sent to the Sport Club Coordinator within 48 hours of completion of the game.

Visiting teams that are competing against TCNJ off-campus will be required to do the following:

1. Sign our Visiting Team Waiver upon arriving at the facility

It will be the responsibility of each club's e-board to communicate that the waiver must be signed in advance or the day of to any visiting team's e-board/captains. The Visiting Team Waiver must be sent to the Sport Club Coordinator within 48 hours of completion of the game.

Furthermore, spectators will be allowed to attend sport club competitions. Any spectators or guests to campus, will be required to follow the TCNJ Guest Policy which can be located [here](#).

## **CONCLUSION**

While we surely understand the challenges and disappointment for anyone that may lose a season with their "high contact" sport club, our decision must be based on our ability to protect the TCNJ and surrounding community. Our decisions have been made based on parameters from national governing bodies, regulatory bodies, advice from Athletics departments, and other college and university officials. Our main goal is to keep everyone safe in a time when variants are becoming more prevalent in today's world. We have analyzed each sport to identify those that involve high contact with others and for which physical distancing is not feasible and enforced. The widespread distribution and requirement for the Covid vaccine for our students will allow us to continue returning to "normal" conditions as we strive to overcome this pandemic that has affected us since March 2019. All of these plans will be examined to see if they will be implemented for the spring 2022 semester.

For more information on the sport club program, please visit our Recreation and Wellness Department [website](#).

Sincerely,

Sean Stallings  
VP of Student Affairs

Mark Forest  
Associate VP for Student Affairs

Robert Simels  
Director of Recreation & Wellness

Shawn Dean  
Sport Clubs and IM Sports Coordinator

**Sport Club Return to Competition Resources**

<https://www.usquidditch.org/events/special/return-to-play-guidelines-for-covid-19>

<https://resources.wftda.org/covid-19/return-to-roller-derby-guidelines/>

# **EXHIBIT D**



Dana Wefer &lt;dana@weferlawoffices.com&gt;

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**Fwd: Covid Vaccination**

1 message

Mon, Aug 23, 2021 at 9:18 PM

[REDACTED]  
To: Dana Wefer <dana@weferlawoffices.com>

----- Forwarded message -----

From: **Student Health Services** <health@tcnj.edu>

Date: Mon, Aug 23, 2021 at 8:00 AM

Subject: Covid Vaccination

To:

Good morning.

With the start of the semester next week, I wanted to touch base with you about testing.

First, we have had several students with an approved exemption decide to get vaccinated and upload their covid vaccination record into OWL. If you have been vaccinated against covid, please upload your record and then email me at [health@tcnj.edu](mailto:health@tcnj.edu) to let me know it's there.

If you have had **covid infection** within the last 3 months, please upload your positive covid test report and then email me at [health@tcnj.edu](mailto:health@tcnj.edu) to let me know it's there.

Testing:

- As you have heard, you are required to have covid testing every 3-4 days.
- The preference is for you to be tested at the on-campus covid testing site in Decker Social Space.
  - You will be sent testing registration information from the TCNJ covid test coordinator later this week. Please look for this email.
  - Test collection and analysis is provided by Bergen New Bridge Medical Center (BNBMC) staff.
  - BNBMC will bill your personal health insurance plan for the cost of testing. Whatever cost is not paid by your insurance plan will be paid by TCNJ. However the bill must go through your health insurance plan first.
  - For those of you who have not been tested at the on-campus testing site, I can tell you from personal experience that it is quick and easy. The nasal swab is painless and you are in and out in no time.
  - Test results are available within a couple of hours (or less) through the BNBMC patient portal (not OWL).
  - If the test is positive, you will also receive a phone call from a BNBMC staff member. Please be sure to answer this call. In the event that you might miss the call, have your voicemail set up on your phone and make sure it is able to receive messages.
  - The test is a rapid antigen test. Antigen tests have a very low false positive rate. In the event that your test is positive and you are well, that is, you have no symptoms of covid, we will set up a special time with BNBMC for you to return to Decker for a repeat swab for confirmatory PCR testing - however this test must be done within 48 hours of your antigen test.
  - The Decker test site is for people who are WELL and required by TCNJ to be tested.
  - If you are sick, do not come to campus and do not go to Decker Hall for testing unless you are sent by a Student Health Services' APN or MD for special arrangement testing. Instead: 1) isolate yourself; 2) update your ROAR app; 3) contact Student Health Services at 609-771-2889 during business hours (M-F: 8:30am-4:00pm with exceptions) for evaluation, or a healthcare provider of your choice. It could be covid or it could be something else.
- If you can't get tested at the Decker test site every 3-4 days, we will accept test results from an off-campus test site of your choice.
  - NOTE: TCNJ does not pay for testing obtained from a location other than the Decker test site.
  - Both antigen and NAAT/PCR tests are acceptable - nasal swab or saliva.
  - Upload the test record right away into OWL. The test record must have your name, date of test collection and result on it.

- **It is critical that you stay on track for testing every 3-4 days regardless of where you are. Going home, visiting sick relatives for a week, etc., are not excuses for a lapse in testing. Failure to comply with the required testing every 3-4 days will result in your inability to attend classes, disciplinary action and possible suspension.**
- Testing questions can be emailed to [testcomply@tcnj.edu](mailto:testcomply@tcnj.edu).

Best wishes for a healthy semester!

Janice Vermeychuk, APN  
Director of Student Health Services

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**Student Health Services**  
The College of New Jersey  
107 Eickhoff Hall  
[2000 Pennington Road](#)  
Ewing, NJ 08628

# **EXHIBIT E**

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

**Amendment No. 1  
to  
FORM S-1  
REGISTRATION STATEMENT**  
*Under  
The Securities Act of 1933*

**MODERNA, INC.**

(Exact name of registrant as specified in its charter)

Delaware  
(State or other jurisdiction of  
incorporation or organization)

2836  
(Primary Standard Industrial  
Classification Code Number)

81-3467528  
(I.R.S. Employer  
Identification Number)

200 Technology Square  
Cambridge, MA 02139  
(617) 714-6500

(Address, including zip code, and telephone number, including area code, of registrant's principal executive offices)

Stéphane Bancel  
Chief Executive Officer  
200 Technology Square  
Cambridge, MA 02139  
(617) 714-6500

(Name, address, including zip code, and telephone number, including area code, of agent for service)

*Copies to:*

Stuart Cable, Esq.  
Kingsley Taft, Esq.  
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100 Northern Avenue  
Boston, MA 02210  
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Prudential Tower  
800 Boylston Street  
Boston, MA 02116  
(617) 951-7527

**Approximate date of commencement of proposed sale to the public:** As soon as practicable after the effective date of this registration statement.

If any of the securities being registered on this Form are to be offered on a delayed or continuous basis pursuant to Rule 415 under the Securities Act of 1933, as amended, check the following box.

If this Form is filed to register additional securities for an offering pursuant to Rule 462(b) under the Securities Act, please check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering.

If this Form is a post-effective amendment filed pursuant to Rule 462(c) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering.

If this Form is a post-effective amendment filed pursuant to Rule 462(d) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering.

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer   
Non-Accelerated Filer

Accelerated Filer   
Smaller Reporting Company   
Emerging Growth Company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided to Section 7(a)(2)(B) of the Securities Act.

**CALCULATION OF REGISTRATION FEE**

Title of each Class of Securities to be Registered	Amount to be Registered(1)	Proposed Maximum Offering Price per Share(2)	Proposed Maximum Aggregate Offering Price(2)	Amount of Registration Fee(3)(4)
Common Stock, par value \$0.0001 per share	25,000,000	\$24.00	\$600,000,000	\$72,720.00

(1) Includes 3,260,869 shares that the underwriters have an option to purchase.

(2) Estimated solely for the purpose of calculating the registration fee pursuant to Rule 457(a) under the Securities Act of 1933, as amended.

(3) Calculated pursuant to Rule 457(a) under the Securities Act of 1933, as amended, based on an estimate of the proposed maximum aggregate offering price.

(4) \$60,600 of this registration fee was previously paid by the Registrant in connection with the filing of its Registration Statement on Form S-1 on November 9, 2018.

The registrant hereby amends this registration statement on such date or dates as may be necessary to delay its effective date until the registrant shall file a further amendment that specifically states that this registration statement shall thereafter become effective in accordance with Section 8(a) of the Securities Act of 1933, as amended, or until this registration statement shall become effective on such date as the Commission, acting pursuant to said Section 8(a), may determine.



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- our improvements in the manufacturing processes for this new class of potential medicines may not be sufficient to satisfy the clinical or commercial demand of our mRNA investigational medicines or regulatory requirements for clinical trials;
- changes that we make to optimize our manufacturing, testing or formulating of cGMP materials could impact the safety, tolerability, and efficacy of our investigational medicines and development candidates;
- pricing or reimbursement issues or other factors that delay clinical trials or make any mRNA medicine uneconomical or noncompetitive with other therapies;
- failure to timely advance our programs or receive the necessary regulatory approvals or a delay in receiving such approvals, due to, among other reasons, slow or failure to complete enrollment in clinical trials, withdrawal by trial participants from trials, failure to achieve trial endpoints, additional time requirements for data analysis, data integrity issues, biologics license application, or BLA, or the equivalent application, discussions with the FDA or EMA, a regulatory request for additional nonclinical or clinical data, or safety formulation or manufacturing issues may lead to our inability to obtain sufficient funding; and
- the proprietary rights of others and their competing products and technologies that may prevent our mRNA medicines from being commercialized.

Currently, mRNA is considered a gene therapy product by the FDA. Unlike certain gene therapies that irreversibly alter cell DNA and could act as a source of side effects, mRNA based medicines are designed to not irreversibly change cell DNA; however, side effects observed in gene therapy could negatively impact the perception of mRNA medicines despite the differences in mechanism. In addition, because no product in which mRNA is the primary active ingredient has been approved, the regulatory pathway for approval is uncertain. The number and design of the clinical and preclinical studies required for the approval of these types of medicines have not been established, may be different from those required for gene therapy products or may require safety testing like gene therapy products. Moreover, the length of time necessary to complete clinical trials and to submit an application for marketing approval for a final decision by a regulatory authority varies significantly from one pharmaceutical product to the next, and may be difficult to predict.

***We have incurred significant losses since our inception and anticipate that we will continue to incur significant losses for the foreseeable future.***

We have incurred net losses in each year since our inception in 2009, including net losses of \$216.2 million and \$255.9 million for the years ended December 31, 2016 and 2017, respectively. As of December 31, 2017, we had an accumulated deficit of \$621.9 million. As of September 30, 2018, we had an accumulated deficit of \$865.2 million.

We have devoted most of our financial resources to research and development, including our clinical and preclinical development activities and the development of our platform. To date, we have financed our operations primarily through the sale of equity securities and proceeds from strategic alliances and, to a lesser extent, through grants from governmental and private organizations. The amount of our future net losses will depend, in part, on the rate of our future expenditures and our ability to obtain funding through equity or debt financings, sales of assets, strategic alliances, or additional grants. We have not commenced or completed pivotal clinical studies for any of our programs in clinical trials, or investigational medicines, and it will be several years, if ever, before we or our strategic collaborators have an investigational medicine ready for commercialization. Even if we obtain regulatory approval to market an investigational medicine, our future revenues will depend upon the size of any markets in which our investigational medicines have received approval, and our ability to achieve sufficient market acceptance, reimbursement from third-party payors, and adequate market share in those markets. We may never achieve profitability.

We expect to continue to incur significant expenses and increasing operating losses for the foreseeable future. We anticipate that our expenses will increase substantially if and as we:

- continue or expand our research or development of our programs in preclinical development;

# **EXHIBIT F**

**VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS  
ABOUT COMIRNATY (COVID-19 VACCINE, mRNA)  
AND PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS  
DISEASE 2019 (COVID-19)**

**You are being offered either COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.**

**This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine and also includes information about the FDA-licensed vaccine, COMIRNATY (COVID-19 Vaccine, mRNA).**

**The FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the FDA-authorized Pfizer-BioNTech COVID-19 Vaccine under Emergency Use Authorization (EUA) have the same formulation and can be used interchangeably to provide the COVID-19 vaccination series.<sup>[1]</sup>**

**COMIRNATY (COVID-19 Vaccine, mRNA) is an FDA-approved COVID-19 vaccine made by Pfizer for BioNTech.**

- **It is approved as a 2-dose series for prevention of COVID-19 in individuals 16 years of age and older.**
- **It is also authorized under EUA to be administered to:**
  - **prevent COVID-19 in individuals 12 through 15 years, and**
  - **provide a third dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise.**

**The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to:**

- **prevent COVID-19 in individuals 12 years of age and older, and**
- **provide a third dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise.**

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**This Vaccine Information Fact Sheet contains information to help you understand the risks and benefits of COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19. Talk to your vaccination provider if you have questions.**

**COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine are administered as a 2-dose series, 3 weeks apart, into the muscle.**

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<sup>[1]</sup> The licensed vaccine has the same formulation as the EUA-authorized vaccine and the products can be used interchangeably to provide the vaccination series without presenting any safety or effectiveness concerns. The products are legally distinct with certain differences that do not impact safety or effectiveness.

Under EUA for individuals who are determined to have certain kinds of immunocompromise, a third dose may be administered at least 4 weeks after the second dose.

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see [www.cvdvaccine.com](http://www.cvdvaccine.com).

## **WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

### **WHAT IS COVID-19?**

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness leading to death. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

### **WHAT IS COMIRNATY (COVID-19 VACCINE, mRNA) AND HOW IS IT RELATED TO THE PFIZER-BIONTECH COVID-19 VACCINE?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine have the same formulation and can be used interchangeably to provide the COVID-19 vaccination series.<sup>1</sup>

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

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<sup>1</sup> The licensed vaccine has the same formulation as the EUA-authorized vaccine and the products can be used interchangeably to provide the vaccination series without presenting any safety or effectiveness concerns. The products are legally distinct with certain differences that do not impact safety or effectiveness.

## **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE VACCINE?**

Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine
- have ever fainted in association with an injection

## **WHO SHOULD GET THE VACCINE?**

FDA has approved COMIRNATY (COVID-19 Vaccine, mRNA) for use in individuals 16 years of age and older and has authorized it for emergency use in individuals 12 through 15 years.

FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 12 years of age and older.

## **WHO SHOULD NOT GET THE VACCINE?**

You should not get the COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

## **WHAT ARE THE INGREDIENTS IN COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine include the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

## **HOW IS THE VACCINE GIVEN?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine will be given to you as an injection into the muscle.

The vaccination series is 2 doses given 3 weeks apart.

If you receive one dose of the vaccine, you should receive a second dose of the vaccine 3 weeks later to complete the vaccination series.

## **HAVE COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE BEEN USED BEFORE?**

In clinical trials, approximately 23,000 individuals 12 years of age and older have received at least 1 dose of the Pfizer-BioNTech COVID-19 Vaccine. Data from these clinical trials supported the Emergency Use Authorization of the Pfizer-BioNTech COVID-19 Vaccine and the approval of COMIRNATY (COVID-19 Vaccine, mRNA). Millions of individuals have received the Pfizer-BioNTech COVID-19 Vaccine under EUA since December 11, 2020.

## **WHAT ARE THE BENEFITS OF COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE?**

The vaccine has been shown to prevent COVID-19 following 2 doses given 3 weeks apart. The duration of protection against COVID-19 is currently unknown.

## **WHAT ARE THE RISKS OF COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE?**

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination.

Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported with COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- injection site pain
- tiredness
- headache

- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- diarrhea
- vomiting
- arm pain

These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials.

**WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include either “COMIRNATY (COVID-19 Vaccine, mRNA)” or “Pfizer-BioNTech COVID-19 Vaccine EUA”, as appropriate, in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
<a href="http://www.pfizersafetyreporting.com">www.pfizersafetyreporting.com</a>	1-866-635-8337	1-800-438-1985

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

**WHAT IF I DECIDE NOT TO GET COMIRNATY (COVID-19 VACCINE, mRNA) OR THE PFIZER-BIONTECH COVID-19 VACCINE?**

Under the EUA, it is your choice to receive or not receive the vaccine. Should you decide not to receive it, it will not change your standard medical care.

**ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES COMIRNATY (COVID-19 VACCINE, mRNA) OR PFIZER-BIONTECH COVID-19 VACCINE?**

Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

**CAN I RECEIVE THE COMIRNATY (COVID-19 VACCINE, mRNA) OR PFIZER-BIONTECH COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?**

Data have not yet been submitted to FDA on administration of COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine at the same time with other vaccines. If you are considering receiving COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine with other vaccines, discuss your options with your healthcare provider.

**WHAT IF I AM IMMUNOCOMPROMISED?**

If you are immunocompromised, you may receive a third dose of the vaccine. The third dose may still not provide full immunity to COVID-19 in people who are immunocompromised, and you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate.

**WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

**WILL COMIRNATY (COVID-19 VACCINE, mRNA) OR THE PFIZER-BIONTECH COVID-19 VACCINE GIVE ME COVID-19?**

No. The vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

**KEEP YOUR VACCINATION CARD**


When you get your first dose, you will get a vaccination card to show you when to return for your second dose or if you have certain kinds of immunocompromise, your third dose of COMIRNATY (COVID-19 Vaccine, mRNA) or Pfizer-BioNTech COVID-19 Vaccine. Remember to bring your card when you return.



## ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Global website	Telephone number
<p data-bbox="315 415 621 443"><a href="http://www.cvdvaccine.com">www.cvdvaccine.com</a></p> 	<p data-bbox="951 464 1222 533">1-877-829-2619 (1-877-VAX-CO19)</p>

## HOW CAN I LEARN MORE?

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.
- Contact your local or state public health department.

## WHERE WILL MY VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

## CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health Resources & Services Administration [HRSA] COVID-19 Uninsured Program for non-insured recipients).

## WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

## WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the

date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp/](http://www.hrsa.gov/cicp/) or call 1-855-266-2427.

### **WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical products, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. An EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

This EUA for the Pfizer-BioNTech COVID-19 Vaccine and COMIRNATY will end when the Secretary of HHS determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.



Manufactured by  
Pfizer Inc., New York, NY 10017

**BIONTECH**

Manufactured for  
BioNTech Manufacturing GmbH  
An der Goldgrube 12  
55131 Mainz, Germany

LAB-1451-7.2

Revised: 23 August 2021



Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

Barcode Date: 08/2021

# **EXHIBIT G**

**FACT SHEET FOR RECIPIENTS AND CAREGIVERS  
EMERGENCY USE AUTHORIZATION (EUA) OF  
THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019  
(COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER**

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19.

Read this Fact Sheet for information about the Moderna COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Moderna COVID-19 Vaccine.

The Moderna COVID-19 Vaccine is administered as a 2-dose series, 1 month apart, into the muscle.

The Moderna COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit [www.modernatx.com/covid19vaccine-eua](http://www.modernatx.com/covid19vaccine-eua).

**WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

**WHAT IS COVID-19?**

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

**WHAT IS THE MODERNA COVID-19 VACCINE?**

The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19.

The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

## **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE MODERNA COVID-19 VACCINE?**

Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine
- have ever fainted in association with an injection

## **WHO SHOULD GET THE MODERNA COVID-19 VACCINE?**

FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.

## **WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?**

You should not get the Moderna COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

## **WHAT ARE THE INGREDIENTS IN THE MODERNA COVID-19 VACCINE?**

The Moderna COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

## **HOW IS THE MODERNA COVID-19 VACCINE GIVEN?**

The Moderna COVID-19 Vaccine will be given to you as an injection into the muscle.

The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart.

If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

If you are immunocompromised, you may receive a third dose of the Moderna COVID-19 Vaccine at least 1 month after the second dose.

## **HAS THE MODERNA COVID-19 VACCINE BEEN USED BEFORE?**

The Moderna COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the Moderna COVID-19 Vaccine.

## **WHAT ARE THE BENEFITS OF THE MODERNA COVID-19 VACCINE?**

In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart. The duration of protection against COVID-19 is currently unknown.

## **WHAT ARE THE RISKS OF THE MODERNA COVID-19 VACCINE?**

There is a remote chance that the Moderna COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the Moderna COVID-19 Vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of the Moderna COVID-19 Vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the Moderna COVID-19 Vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported in a clinical trial with the Moderna COVID-19 Vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever

Side effects that have been reported during post-authorization use of the Moderna COVID-19 Vaccine include:

- Severe allergic reactions
- Myocarditis (inflammation of the heart muscle)
- Pericarditis (inflammation of the lining outside the heart)

These may not be all the possible side effects of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna COVID-19 Vaccine is still being studied in clinical trials.

## **WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include “Moderna COVID-19 Vaccine EUA” in the first line of box #18 of the report form.

In addition, you can report side effects to ModernaTX, Inc. at 1-866-MODERNA (1-866-663-3762).

You may also be given an option to enroll in **v-safe**. **V-safe** is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. **V-safe** asks questions that help CDC monitor the safety of COVID-19 vaccines. **V-safe** also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

#### **WHAT IF I DECIDE NOT TO GET THE MODERNA COVID-19 VACCINE?**

It is your choice to receive or not receive the Moderna COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

#### **ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES MODERNA COVID-19 VACCINE?**

Another choice for preventing COVID-19 is Comirnaty, an FDA-approved COVID-19 vaccine. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

#### **CAN I RECEIVE THE MODERNA COVID-19 VACCINE WITH OTHER VACCINES?**

There is no information on the use of the Moderna COVID-19 Vaccine with other vaccines.

#### **WHAT IF I AM IMMUNOCOMPROMISED?**

If you are immunocompromised, you may receive a third dose of the Moderna COVID-19 Vaccine. The third dose may still not provide full immunity to COVID-19 in people who are immunocompromised, and you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate.

#### **WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

#### **WILL THE MODERNA COVID-19 VACCINE GIVE ME COVID-19?**

No. The Moderna COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


## KEEP YOUR VACCINATION CARD

When you receive your first dose, you will get a vaccination card to show you when to return for your second dose of the Moderna COVID-19 Vaccine. Remember to bring your card when you return.

## ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Moderna COVID-19 Vaccine website	Telephone number
<a href="http://www.modernatx.com/covid19vaccine-eua">www.modernatx.com/covid19vaccine-eua</a> 	1-866-MODERNA (1-866-663-3762)

## HOW CAN I LEARN MORE?

- Ask the vaccination provider
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>
- Contact your state or local public health department

## WHERE WILL MY VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs, visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

## CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, HRSA COVID-19 Uninsured Program for non-insured recipients).

## WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or TIPS.HHS.GOV.



## **WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp/](http://www.hrsa.gov/cicp/) or call 1-855-266-2427.

## **WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**

The United States FDA has made the Moderna COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Moderna COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of the scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

The EUA for the Moderna COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

Moderna US, Inc.  
Cambridge, MA 02139

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Patent(s): [www.modernatx.com/patents](http://www.modernatx.com/patents)  
Revised: Aug/27/2021



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Barcode Date: 04/2021

# **EXHIBIT H**

## **FACT SHEET FOR RECIPIENTS AND CAREGIVERS**

### **EMERGENCY USE AUTHORIZATION (EUA) OF THE JANSSEN COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER**

You are being offered the Janssen COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of receiving the Janssen COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Janssen COVID-19 Vaccine may prevent you from getting COVID-19.

Read this Fact Sheet for information about the Janssen COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Janssen COVID-19 Vaccine.

The Janssen COVID-19 Vaccine is administered as a **single dose**, into the muscle.

The Janssen COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit [www.janssencovid19vaccine.com](http://www.janssencovid19vaccine.com).

#### **WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

##### **WHAT IS COVID-19?**

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Common symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

##### **WHAT IS THE JANSSEN COVID-19 VACCINE?**

The Janssen COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19.

The FDA has authorized the emergency use of the Janssen COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

## **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE JANSSEN COVID-19 VACCINE?**

Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies,
- have a fever,
- have a bleeding disorder or are on a blood thinner,
- are immunocompromised or are on a medicine that affects your immune system,
- are pregnant or plan to become pregnant,
- are breastfeeding,
- have received another COVID-19 vaccine,
- have ever fainted in association with an injection.

## **WHO SHOULD GET THE JANSSEN COVID-19 VACCINE?**

FDA has authorized the emergency use of the Janssen COVID-19 Vaccine in individuals 18 years of age and older.

## **WHO SHOULD NOT GET THE JANSSEN COVID-19 VACCINE?**

You should not get the Janssen COVID-19 Vaccine if you:

- had a severe allergic reaction to any ingredient of this vaccine.

## **WHAT ARE THE INGREDIENTS IN THE JANSSEN COVID-19 VACCINE?**

The Janssen COVID-19 Vaccine includes the following ingredients: recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl- $\beta$ -cyclodextrin (HBCD), polysorbate-80, sodium chloride.

## **HOW IS THE JANSSEN COVID -19 VACCINE GIVEN?**

The Janssen COVID-19 Vaccine will be given to you as an injection into the muscle.

The Janssen COVID-19 Vaccine vaccination schedule is a **single dose**.

## **HAS THE JANSSEN COVID-19 VACCINE BEEN USED BEFORE?**

The Janssen COVID-19 Vaccine is an unapproved vaccine. In an ongoing clinical trial, 21,895 individuals 18 years of age and older have received the Janssen COVID-19 Vaccine.

## **WHAT ARE THE BENEFITS OF THE JANSSEN COVID-19 VACCINE?**

In an ongoing clinical trial, the Janssen COVID-19 Vaccine has been shown to prevent COVID-19 following a single dose. The duration of protection against COVID-19 is currently unknown.

## **WHAT ARE THE RISKS OF THE JANSSEN COVID-19 VACCINE?**

Side effects that have been reported with the Janssen COVID-19 Vaccine include:

- Injection site reactions: pain, redness of the skin and swelling.
- General side effects: headache, feeling very tired, muscle aches, nausea, and fever.
- Swollen lymph nodes.
- Unusual feeling in the skin (such as tingling or a crawling feeling) (paresthesia), decreased feeling or sensitivity, especially in the skin (hypoesthesia).
- Persistent ringing in the ears (tinnitus).
- Diarrhea, vomiting.

### Severe Allergic Reactions

There is a remote chance that the Janssen COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Janssen COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing,
- Swelling of your face and throat,
- A fast heartbeat,
- A bad rash all over your body,
- Dizziness and weakness.

### Blood Clots with Low Levels of Platelets

Blood clots involving blood vessels in the brain, lungs, abdomen, and legs along with low levels of platelets (blood cells that help your body stop bleeding), have occurred in some people who have received the Janssen COVID-19 Vaccine. In people who developed these blood clots and low levels of platelets, symptoms began approximately one to two weeks after vaccination. Reporting of these blood clots and low levels of platelets has been highest in females ages 18 through 49 years. The chance of having this occur is remote. You should seek medical attention right away if you have any of the following symptoms after receiving Janssen COVID-19 Vaccine:

- Shortness of breath,

- Chest pain,
- Leg swelling,
- Persistent abdominal pain,
- Severe or persistent headaches or blurred vision,
- Easy bruising or tiny blood spots under the skin beyond the site of the injection.

These may not be all the possible side effects of the Janssen COVID-19 Vaccine. Serious and unexpected effects may occur. The Janssen COVID-19 Vaccine is still being studied in clinical trials.

### Guillain Barré Syndrome

Guillain Barré syndrome (a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis) has occurred in some people who have received the Janssen COVID-19 Vaccine. In most of these people, symptoms began within 42 days following receipt of the Janssen COVID-19 Vaccine. The chance of having this occur is very low. You should seek medical attention right away if you develop any of the following symptoms after receiving the Janssen COVID-19 Vaccine:

- Weakness or tingling sensations, especially in the legs or arms, that's worsening and spreading to other parts of the body.
- Difficulty walking.
- Difficulty with facial movements, including speaking, chewing, or swallowing.
- Double vision or inability to move eyes.
- Difficulty with bladder control or bowel function.

### **WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Janssen COVID-19 Vaccine EUA" in the first line of box #18 of the report form.

In addition, you can report side effects to Janssen Biotech, Inc. at the contact information provided below.

<b>e-mail</b>	<b>Fax number</b>	<b>Telephone numbers</b>
JNJvaccineAE@its.jnj.com	215-293-9955	US Toll Free: 1-800-565-4008 US Toll: (908) 455-9922

You may also be given an option to enroll in **v-safe**. **V-safe** is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. **V-safe** asks questions that help CDC monitor the safety of COVID-19 vaccines. **V-safe** also provides live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

### **WHAT IF I DECIDE NOT TO GET THE JANSSEN COVID-19 VACCINE?**

It is your choice to receive or not receive the Janssen COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

### **ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES JANSSEN COVID-19 VACCINE?**

Another choice for preventing COVID-19 is Comirnaty, an FDA-approved COVID-19 vaccine. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

### **CAN I RECEIVE THE JANSSEN COVID-19 VACCINE WITH OTHER VACCINES?**

There is no information on the use of the Janssen COVID-19 Vaccine with other vaccines.

### **WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

### **WILL THE JANSSEN COVID-19 VACCINE GIVE ME COVID-19?**

No. The Janssen COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

### **KEEP YOUR VACCINATION CARD**

When you receive the Janssen COVID-19 Vaccine, you will get a vaccination card to document the name of the vaccine and date of when you received the vaccine.

### **ADDITIONAL INFORMATION**

If you have questions or to access the most recent Janssen COVID-19 Vaccine Fact Sheets, scan the QR code using your device, visit the website or call the telephone numbers provided below.

QR Code	Fact Sheets Website	Telephone numbers
	<a href="http://www.janssencovid19vaccine.com">www.janssencovid19vaccine.com</a>	US Toll Free: 1-800-565-4008 US Toll: (908) 455-9922

**HOW CAN I LEARN MORE?**

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

Contact your local or state public health department.

**WHERE WILL MY VACCINATION INFORMATION BE RECORDED?**

The vaccination provider may include your vaccination information in your state/local jurisdiction’s Immunization Information System (IIS) or other designated system. For more information about IISs visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

**CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?**

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, HRSA COVID-19 Uninsured Program for non-insured recipients).

**WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?**

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or TIPS.HHS.GOV.

**WHAT IS THE COUNTERMEASURE INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses for certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must



be submitted to the CICIP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp](http://www.hrsa.gov/cicp) or call 1-855-266-2427.

## **WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**

The United States FDA has made the Janssen COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Janssen COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

The EUA for the Janssen COVID-19 Vaccine is in effect for the duration of the COVID-19 declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

Manufactured by:  
Janssen Biotech, Inc.  
a Janssen Pharmaceutical Company of Johnson & Johnson  
Horsham, PA 19044, USA



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For more information, call US Toll Free: 1-800-565-4008, US Toll: (908) 455-9922 or go to [www.janssencovid19vaccine.com](http://www.janssencovid19vaccine.com)

Revised: Aug/27/2021



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Barcode Date: 02/2021

# **EXHIBIT I**

DECLARATION OF CATALINA E. MESSINA

I, Catalina E. Messina, being of full age and sound mind do hereby swear and affirm:

1. I have personal knowledge of myself, my activities, and my intentions, including those set out in the Verified Complaint for Declaratory and Injunctive Relief.
2. If called on to testify I would competently testify as to the matters stated herein and in the Verified Complaint.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in the Verified Complaint concerning myself, my activities, and my intentions are true and correct.
4. My address is 578 Charleston Road, Willingboro, NJ 08046.
5. I am a student at The College of New Jersey ("TCNJ").
6. I have been forced to defer this semester because I cannot undergo twice weekly testing for Covid as required by TCNJ's mandate. I cannot undergo the testing because the testing process would induce severe anxiety and harm my mental and physical health.
7. I am in a program at TCNJ called "Careers and Community Studies." It is a special needs four year certificate program for young adults with intellectual disabilities. I am in my senior year of the program.

8. My intellectual disability is Asperger's Syndrome. I am competent to make my own medical decisions, and I do not want this shot.
9. I was granted a religious exemption for Fall 2021, but I do not know if I would be granted it again for the Spring. I have to reapply.
10. The program requires me to live on campus. Since my freshman year I lived in TCNJ housing that is specially designated for students in my program, however I would not have been allowed to live there this year. I don't drive and I'm not sure how I would have been able to commute to school if I had not deferred.
11. I am afraid I will not be able to complete the program after 3 years of work toward the certificate because of TCNJ's mandate.
12. Until this year, I participated in Best Buddies, a club for students with disabilities and without disabilities to socialize. We did things like cooking, talent shows, bowling, and other fun activities. I miss the program.
13. I have considered and weighed the risks of getting covid-19 and getting the injection and have decided against getting the injection.
14. I have put considerable thought into my decision not to get one of the Covid-19 injections based on my sincerely held

religious beliefs and information available about the disease and the injections.

15. I have considered the novelty and the risks of the injections.

16. I have considered the credibility and track record of the pharmaceutical companies who manufacture the product.

17. I have considered the credibility and track record of the FDA in making my decision.

18. I have read the Complaint and verify as true all facts concerning me.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Catalina Messina  
Catalina Messina

9-20-2021  
Date

State of New Jersey )  
 )  
County of Burlington, ) ss

On Sept. 20, 2021 before me, Amanda Corigliano,  
Notary Public in and for said

county, personally appeared Catalina Messina, who has  
satisfactorily identified him/herself as the signer or to the  
above referenced document.

(Affix Notary Stamp Here)

Amanda Corigliano  
Notary Public Signature

My Commission Expires: 10/21/2025

**AMANDA CORIGLIANO**  
Notary Public  
State of New Jersey  
My Commission Expires Oct. 21, 2025  
I.D.# 50025706

# **EXHIBIT J**

DECLARATION OF KATHERINE DIEKER

I, Katherine Dieker, being of full age and sound mind do hereby swear and affirm:

1. I have personal knowledge of myself, my activities, and my intentions, including those set out in the Verified Complaint for Declaratory and Injunctive Relief.
2. If called on to testify I would competently testify as to the matters stated herein and in the Verified Complaint.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in the Verified Complaint concerning myself, my activities, and my intentions are true and correct.
4. My address is 3 Oak Forest Drive, Burlington, NJ.
5. I am a student at The College of New Jersey ("TCNJ").
6. I am a rising junior and am majoring in Mathematics and Secondary Education.
7. My GPA is 3.96, which reflects the hard work and time I have invested studying at TCNJ.
8. I love being involved in campus life. I am the President of the College Diabetes Network, a member of Kappa Delta Pi (the education honors society), the community liaison for



the Council of Student Teachers of Mathematics. I am also an Orientation Leader for TCNJ, in which capacity I help run "welcome week" for incoming freshmen.

9. I love playing Lacrosse and was supposed to be captain of the club Lacrosse team at TCNJ this year. However, due to TCNJ's mandate, I am not allowed to fully participate anymore.
10. I also work for TCNJ's tutoring center. I do not know if my personal medical information is being shared with people, but I do not want my private medical information shared with people.
11. I planned to live on campus this year and was assigned an upper classman apartment in April 2021. On July 13, 2021, I received an email with my move in assignment. However, on July 15, 2021 I was told that my housing assignment was cancelled because I have not complied with TCNJ's Mandate.
12. Two of my professors have approached me about my medical status even though I did not share my medical status with them.
13. One professor asked me to voluntarily and "discretely" segregate myself from other students. She told me that the class would work in groups frequently and that she

intentionally put me in a group with only three people so I could more easily segregate and physically distance from other students.

14. I wear a Dexcom device, which monitors my blood sugar and causes my phone to beep if my blood sugar is too low. When my blood sugar is low, I have to eat or drink to raise it, so my accommodation allows me to eat/drink in class to maintain a safe blood sugar level. My professor told me that we were going to have to "tweak" that accommodation and that I need to do a better job to make sure I do not have an emergency (i.e., low blood sugar).

15. I emailed TCNJ's Accessibility Resource Center on September 5, 2021 explaining the situation and asking what I should do, but the Accessibility Resource Center did not reply to that email. On September 13, 2021, I visited the Accessibility Resource Center in person to request help with this situation, but I am still waiting for a response as of September 16, 2021.

16. The medical testing procedure is a burden on me physically and mentally. There are some people that I try to avoid because they hurt me. I have had two nosebleeds since testing has started, one on the 10<sup>th</sup> of September

after having the testing procedure done and one on or around September 3<sup>rd</sup>, after having the testing procedure done.

17. I was granted a religious exemption for Fall 2021.

18. My medical reasons for not getting the mandated pharmaceuticals are my autoimmune conditions, were documented by my endocrinologist in an exemption request to TCNJ.

19. TCNJ did nothing with my medical exemption request for 47 days and then rejected it.

20. I have considered and weighed the risks of getting covid-19 and getting the injection and have decided against getting the injection.

21. I have put considerable thought and research into my decision not to get one of the Covid-19 injections based on my sincerely held religious beliefs and my medical history.

22. I have considered the novelty and the risks of the injections.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Katherine Dieker  
Katherine Dieker

9/18/2021  
Date

State of New Jersey )  
 ) SS  
County of Burlington )

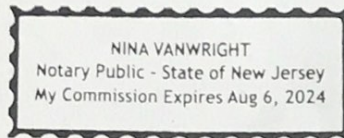
On Sept 18, 2021 before me, Nina Van Wright,  
Notary Public in and for said

county, personally appeared Katherine Dierker, who has  
satisfactorily identified him/herself as the signer or to the  
above referenced document.

(Affix Notary Stamp Here)

*Nina Van Wright*

Notary Public Signature



My Commission Expires: 08/06/2024

# **EXHIBIT K**

DECLARATION OF CHRISTOPHER K. JACOB

I, Christopher K. Jacob, being of full age and sound mind do hereby swear and affirm:

1. I have personal knowledge of myself, my activities, and my intentions, including those set out in the Verified Complaint for Declaratory and Injunctive Relief.
2. If called on to testify I would competently testify as to the matters stated herein and in the Verified Complaint.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in the Verified Complaint concerning myself, my activities, and my intentions are true and correct.
4. I am a student at The College of New Jersey ("TCNJ").
5. I am residing at 700 Campus Town Drive, Campus Town Apartment 7304, Ewing, NJ 08638.
6. I am 20 years old.
7. I am in my Junior year of study at TCNJ.
8. I am majoring in communications. My GPA is 3.75.
9. Until this year, I played Men's Club Soccer, but under the Mandate, I am *de facto* banned from playing.
10. I have considered and weighed the risks of getting covid-19 and getting the injection and have decided against getting the injection.

- 11. I have put considerable thought and research into my decision not to get one of the Covid-19 injections.
- 12. I have considered my personal susceptibility to Covid-19.
- 13. I have considered the novelty and the risks of the injections.
- 14. I have considered the credibility and track record of the pharmaceutical companies who manufacture the product.
- 15. I have considered the credibility and track record of the FDA in making my decision.
- 16. I believe am already immune to Covid-19 by recovering from the virus.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

  
 Christopher K. Jacob

09/18/21  
 Date

State of New Jersey                    )  
   )     ss  
 County of Mexey,                    )

On 09/18, 20 21 before me, Jusharbnq. K. Parel,  
 Notary Public in and for said

county, personally appeared Christopher K Jacob, who has satisfactorily identified him/herself as the signer or to the above referenced document.

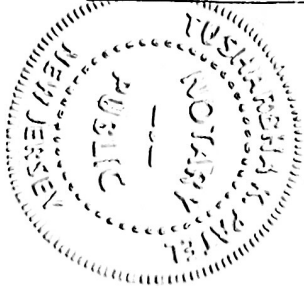
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Notary Public Signature

TUSHARBHAI K PATEL  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES 06-14-2022

My Commission Expires: 06-14-2022



Sworn to and subscribed before me  
this 18 day of 09 2021



# **EXHIBIT L**

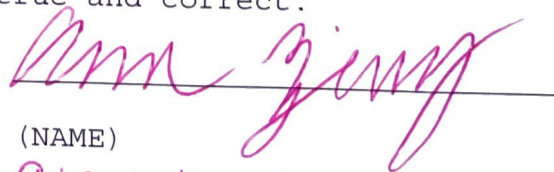
DECLARATION OF ANNA ZIMBERG

I, Anna Zimberg, being of full age and sound mind do hereby swear and affirm:

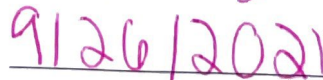
1. I have personal knowledge of myself, my activities, and my intentions, including those set out in the Verified Complaint for Declaratory and Injunctive Relief.
2. If called on to testify I would competently testify as to the matters stated herein and in the Verified Complaint.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in the Verified Complaint concerning myself, my activities, and my intentions are true and correct.
4. I am a student at The College of New Jersey ("TCNJ").
5. My address is 22 Upper Ferry Road, Ewing.
6. I am 19 years old.
7. I am in my sophomore year of study at TCNJ.
8. I applied for and received a medical exemption.
9. The Mandate has affected me in the following ways: I cannot live on campus and I have been discriminated against by my professors, and I am subjected to testing every three to four days.
10. I feel marginalized because I am being discriminated against and singled out.

11. When I go to be tested, fellow students are the ones checking me in. One day I had a test administered by a student who I know, which was embarrassing.
12. One of my professors emailed me before classes began asking me to "please sit by the window because you are unvaccinated."
13. To sit by the window, I am not able to sit in the front of the classroom. If I were front and center my learning experience would be so much different from what it is now. It is hard to hear her. I have ADHD. I have no idea what's going on in this class because I am not allowed to sit in in the front.
14. I have put considerable thought and research into my decision not to get one of the Covid-19 injections.
15. I am already immune to Covid-19 because I had Covid in April 2021.

I verify under penalty of perjury under the laws of the United States of America that the factual statements in this Declaration and the Verified Complaint concerning myself, my activities, and my intentions are true and correct.



(NAME)



(Date)

State of New Jersey )  
 ) ss  
County of Mercer )

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_,  
Notary Public in and for said

county, personally appeared \_\_\_\_\_, who has  
satisfactorily identified him/herself as the signer or to the  
above referenced document.

(Affix Notary Stamp Here)

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

# **EXHIBIT M**

DECLARATION OF ISABELLA WALZ

I, Isabella Walz, being of full age and sound mind do hereby swear and affirm:

1. I have personal knowledge of myself, my activities, and my intentions, including those set out in the Verified Complaint for Declaratory and Injunctive Relief.
2. If called on to testify I would competently testify as to the matters stated herein and in the Verified Complaint.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in the Verified Complaint concerning myself, my activities, and my intentions are true and correct.
4. My address is 40 Molasses Hill Road, Lebanon, NJ.
5. I am 20 years old.
6. I am in my Junior year of study at TCNJ and my major is Communications.
7. I am attending TCNJ under a religious exemption based on my sincerely held religious beliefs.
8. Because I have been granted an exemption, I am subject to medical surveillance and my medical information has been shared with my professors.

9. My professor emailed me especially to remind me that I am required to minimize proximity to other students because I am not in compliance with the mandate.
10. In addition to my religious beliefs, I do not want to take any of the mandated pharmaceuticals due to the short time they have existed, the experimental nature of the technology, and the lack of knowledge concerning long-term risks.
11. As a Type I diabetic, I am already a permanent pharma patient and I do not want to take the risks of the mandated pharmaceuticals.
12. People I know who are vaccinated are still getting covid so I do not want to take the mandated pharmaceuticals because their efficacy is not settled.
13. I have considered the credibility and track record of the pharmaceutical companies who manufacture the product.
14. I have considered the credibility and track record of the FDA in making my decision.
15. I am currently "exempt" from testing until November 2021 because I recently had covid. After that I will lose my testing exemption even if I am still immune.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Isabella Walz

Isabella Walz

Dated: 9/20/21

State of New Jersey )

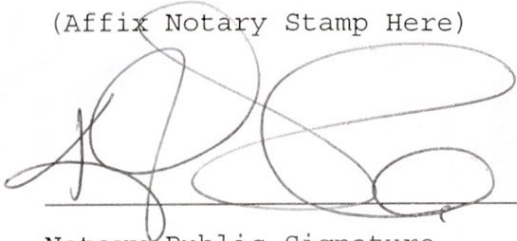
) ss

County of Mercer )

On 20, 2021 before me, Kenisha Glover, Notary Public in and for said

county, personally appeared Isabella Walz, who has satisfactorily identified him/herself as the signer or to the above referenced document.

(Affix Notary Stamp Here)



Notary Public Signature

My Commission Expires: 1/25/2026

