|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Address |  |

PESEL:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

**Declaration**

I, the undersigned, express my readiness to undergo vaccination against disease caused by infection with SARS-CoV-2 (COVID-19).

Declaration of consent to the processing of personal data

I agree for the processing of my personal data in the form of: name, surname, PESEL number and address by Centrum Medyczne Warszawskiego Uniwersytet Medyczny Sp. z o. o. and making this data available to: e-Health Center, the Ministry of Health, the National Health Fund and entities involved in the organization and implementation of vaccinations, in order to organize and implement the vaccination process against a disease caused by infection with the SARS-CoV-2 virus (COVID-19)

|  |  |
| --- | --- |
|  | Legible signature.  |