CENTRUM MEDYCZNE WARSZAWSKIEGO UNIWERSYTETU MEDYCZNEGO SP. Z O.O.

02-097 Warszawa, ul. Nielubowicza 5
Tel. 22 599 18 00, Fax. 22 599 18 06
e-mail cmwum@cmwum.pl
www.cmwum.pl

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.