



SZPITAL KLINICZNY IM. KS. ANNY MAZOWIECKIEJ

00-315 Warszawa, ul. Karowa 2

Tel. 22 59 66 100,

www.szpitalkarowa.pl

Name and surname _____

Address (with
postal code) _____

PESEL:

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Passport

number (if PESEL not available) _____

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 Szpital Kliniczny im. Ks. Anny Mazowieckiej, ul. Karowa 2, 00-315 Warszawa 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)

Date and legible signature