

Declaration of consent for the processing of personal data

I consent to the processing of my personal data in the form of: name, surname, PESEL or Passport number, telephone number to be contacted by the **UNIVERSITY CHILDREN'S HOSPITAL in LUBLIN** and making this data available: e-Health Center, Ministry of Health, National Health Fund in order to organize and implement the vaccination process against the disease caused by infection with the SARS-CoV-2 (COVID-19) virus.

Name:

Last name:

PESEL or Passport number:

Phone number:

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Date and signature