CONSENT FORM

on personal data processing

Name: ……………………………….…………………………………………………………………………

Surname: ……………………………………………………………………………………………………………

Personal Identification Number (PESEL)\*: ……………………………………………………………………..

\*OR

Passport number (in absence of PESEL): ………………………………………….…..……………

Phone number: ……………………………………………………………………………………………………..

E-mail address: …………………………………………………………………………………………………….……

Profession: …………………………………………………………………………………………………..………

Place of work: …………………………………………………………………………………….….…………………

I hereby agree to the processing of my personal data – namely name, surname, Personal Identification Number (PESEL) or Passport number, information on medical profession, place of work, phone number and e-mail address – by the University Clinical Centre, 80-952 Gdańsk, Dębinki 7, phone number: 58 349 20 00, fax 58 346 11 78; e-mail: [info@uck.gda.pl](mailto:info@uck.gda.pl), National Business Registry Number (REGON): 0002888640, TAX IDENTIFICATION NUMBER (NIP) : 957-07-30-409 and disclosing of this data to the

 e-Health Centre, the Ministry of Health and the National Health Fund in order to organise and execute the process of vaccination against COVID-19 resulting from SARS-CoV-2 infection.

……………………… ………………………………

date legible signature