…………………………………………………………………………………… Warsaw, ………………………………………

Name and Surname

…………………………………………………………………………………..

PESEL number /index number

……………………………………………………………………………………

Field of study/ year

…………………………………………………………………………………....

Faculty Medical University of Warsaw

Żwirki i Wigury 61

02-091 Warsaw

Declaration

I, the undersigned \* student / doctoral student of the Medical University of Warsaw, express my willingness / do not my willingness \* to get vaccinated against COVID-19.

 …………………..………….…………………………………………

Signature

\*delete as appropriate

Consent to the processing of personal data\*

As a person willing to be vaccinated against COVID-19, I give my voluntary consent

for the processing of my personal data by entities involved in the organization and implementation of vaccinations in order to implement this process.

…………………..………….…………………………………………

Signature

\*applies only to students willing to get vaccinated against COVID-19.