

READY FOR YOUR VACCINATION

Permissionform

May we share your data with RIVM?

If you agree to share your data with RIVM, your vaccinations will be registered correctly. More information on rijksvaccinatieprogramma.nl/jouw-toestemming.

Complete this form and bring it to your appointment

- Are you younger than 12 years old? We need 1 of your parents to sign
- Are you 12 years old or older? We need both you and your parents to sign
- Are you 16 years old or older? We need you to sign.

Name vaccinated child/adolescent	
Date of birth child/adolescent	
Parental permission to share data with the RIVM (fill out if your child is aged 4 -15 years)	
Name parent 1	Name parent 2
Permission <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Date
Signature	Signature
Adolescent permission to share data with the RIVM (fill out if you are 12 years old or older)	
Name	
Permission <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	
Signature	