

Before receiving the whooping cough vaccination, we need to ask you to fill in this form. We will use the information for your vaccination registration card and to inform the Netherlands National Institute for Public Health and the Environment (RIVM) of your vaccination.

First name and surname:

Maiden name (if relevant):

Date of birth:

National Insurance Number (BSN):

Address:

Postal code/place of residence:

Due date:

PERMISSION

We also need to request your permission to pass on your above details with your vaccination information to the RIVM (Netherlands National Institute for Public Health and the Environment). In doing so, we ensure that the Dutch National Immunisation Programme's right vaccinations are given to the right person at the right time.

Tick what is applicable:

- I give CJG Rijnmond permission to share my personal vaccination information with the RIVM.
- I do not give CJG Rijnmond permission to share my personal vaccination information with the RIVM. I understand that I will not be able to obtain my vaccination information from CJG Rijnmond or the RIVM from now on.

The information below is optional. If you fill it in and if necessary, they will be used for research and contact purposes. This form will be destroyed after 14 days.

Telephone number:

Email address:

To be filled in by the CJG:

Vaccination date:

Lot number:
