

# 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](https://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	
<b>Parental permission to share data with the RIVM (fill out if your child is aged 4 -15 years)</b>	
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
<b>Adolescent permission to share data with the RIVM (fill out if you are 12 years old or older)</b>	
Name	
Permission <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	
Signature	

## Heb je nog vragen?

- > Kijk voor meer informatie op [ggdbzo.nl/groepsvaccinaties-rvp](https://ggdbzo.nl/groepsvaccinaties-rvp).
- 📞 Whatsapp naar 06 14 45 92 03
- 📞 Bel ons op 088 0031 400 op maandag t/m vrijdag van 8:30 – 17:00