



Warsaw, on

.....
(stamp of the subject that provides
medical service)

Patient's first and last name:
Date of birth:
ID.....

**Patient's declaration on the correct storage (transport) of the vaccine and consent
to use it for vaccinating the patient**

I, the undersigned, declare that the vaccine:

Trade name.....
Dose.....
Serial number:.....
Expiration date:
Date of purchase:
Place of purchase (pharmacy details):
.....
.....

It was stored by me in accordance with the instructions of the Marketing Authorization Holder and transported in a heat-insulating package that I received at the pharmacy.

Given the above, I give my informed consent to administer the above-mentioned medicinal product.

In addition, I confirm that the doctor informed me about the possible consequences of the vaccine, which was not stored in accordance with the recommendations of the responding entity.

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