

Request to perform corrections and changes

Name:	<input type="text"/>	Mail:	<input type="text"/>
Surname:	<input type="text"/>	Birth number:	<input type="text"/>
Telephone:	<input type="text"/>	COVID-19-PASS:	<input type="text"/>

Požiadavka:

<input type="checkbox"/> COVID-19-PASS:	<input type="checkbox"/> 1st dose missing	<input type="checkbox"/> Testing date change
<input type="checkbox"/> Tel. number change	<input type="checkbox"/> 2nd dose missing	<input type="checkbox"/> Unable to generate*
<input type="checkbox"/> e-mail addr. change	<input type="checkbox"/> Error in certificate*	<input type="checkbox"/> Cert. on recovery*
<input type="checkbox"/> Name change	<input type="checkbox"/> Vacc. date change	<input type="checkbox"/> Other

***EU Digital Covid pass**

Vaccination:**

1. dose:	<input type="text"/>
2. dose:	<input type="text"/>

**** Please state the date of vaccination, precise name of vaccination site and vaccine type.**

Issue description:

I noted the Information on processing of personal data of persons interested in examination of COVID-19.
Link: https://covidforms.nczisk.sk/covid-19-patient-form_ag.php

Date:

Period for processing your request is 7 working days from submission.

Send the completed request to e-mail address: nczisk@nczisk.sk