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BAPATECV00000001

**BORANG ADUAN PUSAT KAUNSELING DAN
PUSAT LAPORAN UNTUK COVID-19 DAN
KESAN SAMPINGAN VAKSIN**

Email: mkds1001@gmail.com

Did you fill out this form to: **Diri**

Vaccine recipient name: **Mkds Hsn**

Vaccine Recipient Identification Card: **95687945123**

Vaccine recipients phone: **+6001788189944**

Vaccine recipient email: **mr.mokddes@gmail.com**

Country: **Bangladesh**

Vaccine recipients zip code: **3100**

Age: **25**

Gender: **Lelaki**

Field of work: **Lain-lain**

Nation: **Not a citizen**

Type of vaccine received: **Tidak tahu**

Complaints for side effects of the dose: **Kedua**

Date of injection: **02/24/2022**

Injection reception location: **Dhaka**

Vaccine batch number: **123**

Available on the vaccine card received by you/your beneficiary is also the MySejahtera application

When do side effect symptoms first appear after an injection?: **24 jam**

What are the side effects experienced?: *

How does it affect the quality of life?: **Kecacatan sementara**

Are you/your next of kin hospitalized?: **ya**

Ward type (if applicable): **ordinary ward**

How long have you/your heirs been treated in the hospital?: **3 minggu**

Name of hospital where treated / confirmed dead (if any): **NOT DEAD**

How long have you/your heirs experienced these side effects?: **3 minggu**

How are you/heirs now?: **Tiada perubahan**

Choose only the worst one:

What is your disease history/previous inheritance?: *

The doctor's reaction and diagnosis to the side effects you/your heirs receive: **we**

Did the doctor say it was related to the vaccine injection received?: **ya**

Have you made a report in the MySejahtera application? **tidak**

Have you made a report to the National Pharmaceutical Regulatory Agency (NPRA) **tidak**

The doctor's reaction and diagnosis to the side effects you/your heirs receive: **we**

Did the doctor say it was related to the vaccine injection received?: **ya**

Have you made a report in the MySejahtera application? **tidak**

Have you made a report to the National Pharmaceutical Regulatory Agency (NPRA):
tidak

Are you willing to be contacted? State information such as telephone/email number and name (if contacted on behalf of the beneficiary: **ew**

Additional comments or complaints about side effects and current living conditions: **we**