



BAPATECV00000001

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

Email: dfgdf@fdsgdfg

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

Vaccine recipient name: **dfgdfg**

Vaccine Recipient Identification Card: **N/A**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **N/A**

Country: **N/A**

Vaccine recipients zip code: **N/A**

Age: **27**

Gender: **Lelaki**

Field of work: **Pesara**

Nation: **Malay**

Type of vaccine received: **AstraZeneca**

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

Date of injection: **03/15/2022**

Injection reception location: **N/A**

Vaccine batch number: **434435**

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?: *

Sakit kepala/gelap mata/kepala berpusing ☒

Masalah penglihatan ☒

Sawan ☒

Lumpuh ☒

Jantung berdebar laju ☒

Darah tinggi ☒

Alahan (allergy) ☒

Anggota badan lemah / sakit / kejang / kebas ☒

Mati pucuk ☒

Keguguran kandungan ☒

Keguguran kandungan1 ☒

Pendarahan daripada rongga badan ☒

Muntah ☒

Nanah (abcess) pada tubuh/anggota ☒

Sakit dada (bahagian jantung) ☒

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

Are you/your next of kin hospitalized?: **N/A**

Ward type (if applicable): **N/A**

How long have you/your heirs been treated in the hospital?: **N/A**

Name of hospital where treated / confirmed dead (if any): **N/A**

How long have you/your heirs experienced these side effects?: **2-3 hari**

How are you/heirs now?: **N/A**

Choose only the worst one:

What is your disease history/previous inheritance?: *

Tiada sejarah penyakit ☒

Kencing manis ☒

Gout ☒

Alahan (allergy) ☒

Athma ☒

Penyakit auto-imun ☒

Masalah buah pinggang ☒

Masalah hati ☒

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

Did the doctor say it was related to the vaccine injection received?: **N/A**

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

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

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

Did the doctor say it was related to the vaccine injection received?: **N/A**

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

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

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

Additional comments or complaints about side effects and current living conditions:
N/A