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BAPATECV00000001

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

Email: rabinmia7578@gmail.com

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

Vaccine recipient name: **vaccine**

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

Vaccine recipients phone: **+6001990572321**

Vaccine recipient email: **rabinmia7578@gmail.com**

Country: **Bahrain**

Vaccine recipients zip code: **333**

Age: **26**

Gender: **Lelaki**

Field of work: **Kesihatan**

Nation: **Malay**

Type of vaccine received: **AstraZeneca**

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

Date of injection: **03/19/2022**

Injection reception location: **N/A**

Vaccine batch number: **4434**

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?: **1 week**

What are the side effects experienced?: *



Pengsan



Strok



Masalah pendengaran



Sawan

How does it affect the quality of life?: **Meninggal dunia**

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?: **2-3 hari**

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

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

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

Choose only the worst one:

What is your disease history/previous inheritance?: *



Tiada sejarah penyakit



Kencing manis

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

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

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

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: **ddd**

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

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

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: **dd**

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