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**BAPATECV00000001**

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

Email: [maidul.tech@gmail.com](mailto:maidul.tech@gmail.com)

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

Vaccine recipient name: **Maidul**

Vaccine Recipient Identification Card: **788456**

Vaccine recipients phone: **+601122334455**

Vaccine recipient email: **maidul.tech@gmail.com**

Country: **Bangladesh**

Vaccine recipients zip code: **7896532**

Age: **30**

Gender: **Lelaki**

Field of work: **Awam**

Nation: **Malay**

Type of vaccine received: **Pfizer - Comirnaty**

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

Date of injection: **03/10/2022**

Injection reception location: **Dhaka**

Vaccine batch number: **7854555**

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 jam**

What are the side effects experienced?: \*



Pengsan



Masalah pendengaran



Sawan



Bells palsy (otot muka)



Lumpuh



Sesak nafas



Kematian



Muntah



Pendarahan ketika hamil



Gout



Masalah berkaitan saraf

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

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): **TEST**

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

How are you/heirs now?: **Pulih sepenuhnya**

Choose only the worst one:

What is your disease history/previous inheritance?: \*



Tiada sejarah penyakit



Kencing manis



Alahan (allergy)



Anemia

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

**TESTTESTTEST**

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:

**TESTTESTTEST**

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: **TEST**

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

**TEST**