



**BAPATECV00000001**

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

Email: [dsfdgfdg@dwfsdf](mailto:dsfdgfdg@dwfsdf)

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

Vaccine recipient name: **dfgdfg**

Vaccine Recipient Identification Card: **ewrewr**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **dsfdgfdg@dwfsdf**

Country: **Angola**

Vaccine recipients zip code: **4554**

Age: **26**

Gender: **Lelaki**

Field of work: **Tidak berkerja**

Nation: **India**

Type of vaccine received: **Sinovac - Coronavac**

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

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

Injection reception location: **fgdfg**

Vaccine batch number: **dfgdfg**

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?: \*

- ☒ Sawan
- ☒ Lumpuh
- ☒ Jantung berdebar laju
- ☒ Darah tinggi
- ☒ Alahan (allergy)
- ☒ Anggota badan lemah / sakit / kejang / kebas
- ☒ Mati pucuk
- ☒ Keguguran kandungan
- ☒ Keguguran kandungan 1
- ☒ Pendarahan daripada rongga badan
- ☒ Muntah
- ☒ Kanser
- ☒ Reflux acid perut (GERD)
- ☒ Gastrik
- ☒ Demam
- ☒ Batuk
- ☒ Selesema
- ☒ Hilang deria rasa/bau
- ☒ Ulser

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?: **2-3 hari**

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

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

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

Choose only the worst one:

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

- ☒ Masalah jantung
- ☒ Gout
- ☒ Athma
- ☒ Darah tinggi
- ☒ Kanser
- ☒ Anemia

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?: **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: **N/A**

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: **N/A**

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