



BAPATECV00000001

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

Email: jhgfjhjgs@sdgdfg

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

Vaccine recipient name: **gfdgfd**

Vaccine Recipient Identification Card: **45435345**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **jhgfjhjgs@sdgdfg**

Country: **Albania**

Vaccine recipients zip code: **fgffg**

Age: **29**

Gender: **Lelaki**

Field of work: **Swasta**

Nation: **China**

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

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

Date of injection: **03/01/2022**

Injection reception location: **dfgdg**

Vaccine batch number: **25435435**

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?: *

- ☒ Penganan
- ☒ Strok
- ☒ Masalah pendengaran
- ☒ Sawan
- ☒ Bells palsy (otot muka)
- ☒ Lumpuh
- ☒ Sesak nafas
- ☒ Jantung berdebar laju
- ☒ Masalah jantung
- ☒ Darah tinggi
- ☒ Masalah kulit / gatal
- ☒ Alahan (allergy)

How does it affect the quality of life?: **Sederhana**

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

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?: **Berkurang, masih ada baki kesakitan**

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?: **tidak**

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: **N/A**

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

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: **N/A**

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