



BAPATECV00000001

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

Email: fghfhgfh@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: **fghfhgfh@fdsgdfg**

Country: **Afghanistan**

Vaccine recipients zip code: **5465**

Age: **27**

Gender: **Lelaki**

Field of work: **Pesara**

Nation: **China**

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

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

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

Injection reception location: **hjhj**

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?: *



Strok



Masalah pendengaran



Sawan



Bells palsy (otot muka)



Lumpuh



Jantung berdebar laju



Masalah jantung



Mati pucuk



Keguguran kandungan



Keguguran kandungan1



Pendarahan daripada rongga badan



Sakit dada (bahagian jantung)



Reflux acid perut (GERD)



Demam



Selesema



Gangguan emosi (anxiety, marah etc)



Gout



Kayap (shingles)



Radang paru-paru (pneumonia)

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

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?: **3 minggu**

How are you/heirs now?: **Berkurang, masih ada baki kesakitan**

Choose only the worst one:

What is your disease history/previous inheritance?: *



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) **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?: **ya**

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