



**BAPATECV00000001**

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

Email: [sdfgfdhj@fdgfh](mailto:sdfgfdhj@fdgfh)

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

Vaccine recipient name: **dffghfgh**

Vaccine Recipient Identification Card: **4546546**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **N/A**

Country: **Andorra**

Vaccine recipients zip code: **fdgfdhgfh**

Age: **27**

Gender: **Lelaki**

Field of work: **Pesara**

Nation: **Permanent resident**

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

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

Date of injection: **03/08/2022**

Injection reception location: **fgfgfgf**

Vaccine batch number: **5435435**

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?: **3 weeks**

What are the side effects experienced?: \*

- ☒ Masalah penglihatan
- ☒ Sawan
- ☒ Lumpuh
- ☒ Jantung berdebar laju
- ☒ Darah tinggi
- ☒ Alahan (allergy)
- ☒ Anggota badan lemah / sakit / kejang / kebas

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?: **Sebulan dan ke atas**

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

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?: \*

- ☒ Gout
- ☒ Athma
- ☒ Darah tinggi

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? **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?: **tidak**

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**