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BAPATECV00000001

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

Email: m01750899448@gmail.com

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

Vaccine recipient name: **Mkds Hsan**

Vaccine Recipient Identification Card: **912014678**

Vaccine recipients phone: **+60102345678**

Vaccine recipient email: **m01750899448@gmail.com**

Country: **Bangladesh**

Vaccine recipients zip code: **1020**

Age: **26**

Gender: **Lelaki**

Field of work: **Pelajar sekolah**

Nation: **Other Malaysians**

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

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

Date of injection: **02/11/2022**

Injection reception location: **sylet**

Vaccine batch number: **34535**

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



Strok

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?: **2-3 hari**

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

Choose only the worst one:

What is your disease history/previous inheritance?: *



Gout



Athma

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