

BAPATECV00000001

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

Email: test1@gmail.com

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

Vaccine recipient name: test1

Vaccine Recipient Identification Card: 124345

Vaccine recipients phone: +60857451254

Vaccine recipient email: test1@gmail.com

Country: **Afghanistan**

Vaccine recipients zip code: 1213

Age: 12

Gender: Lelaki

Field of work: Pendidikan

Nation: China

Type of vaccine received: AstraZeneca

Complaints for side effects of the dose: Pertama

Date of injection: **03/16/2022**

Injection reception location: dhaka

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?: *
 ☑ Pengsan ☑ Strok ☑ Masalah pendengaran
How does it affect the quality of life?: Meninggal dunia
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?: Seminggu
Name of hospital where treated / confirmed dead (if any): Rony
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?: *
☑Tiada sejarah penyakit☑Kencing manis
The doctor's reaction and diagnosis to the side effects you/your heirs receive: Lorem Ipsum is simply dummy text of the
Did the doctor say it was related to the vaccine injection received?: ya
Have you made a report in the MySejahtera application? ya

Vaccine batch number: 50

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: **Lorem Ipsum is simply dummy text of the**

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

Have you made a report in the MySejahtera application? ya

Have you made a report to the National Pharmaceutical Regulatory Agency (NPRA): **va**

Are you willing to be contacted? State information such as telephone/email number and name (if contacted on behalf of the beneficiary: **Lorem Ipsum is simply dummy text of the**

Additional comments or complaints about side effects and current living conditions: **Lorem Ipsum is simply dummy text of the**