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BAPATECV00000001

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

Email: rony@gmail.com

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

Vaccine recipient name: **rabin**

Vaccine Recipient Identification Card: **N/A**

Vaccine recipients phone: **+6001990572321**

Vaccine recipient email: **N/A**

Country: **Afghanistan**

Vaccine recipients zip code: **N/A**

Age: **11**

Gender: **Perempuan**

Field of work: **Swasta**

Nation: **China**

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

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

Date of injection: **03/24/2022**

Injection reception location: **N/A**

Vaccine batch number: **dddddddddd**

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?: *



Pendarahan daripada rongga badan



Nanah (abcess) pada tubuh/anggota

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

Are you/your next of kin hospitalized?: **N/A**

Ward type (if applicable): **ordinary ward**

How long have you/your heirs been treated in the hospital?: **2 minggu**

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?: **N/A**

Choose only the worst one:

What is your disease history/previous inheritance?: *



Alahan (allergy)



Penyakit auto-imun

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: **d**

Additional comments or complaints about side effects and current living conditions: **d**