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BAPATECV00000001

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

Email: uodq3@sqce.com

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

Vaccine recipient name: **o1xfhuzhsd**

Vaccine Recipient Identification Card: **I7AdZImpU8**

Vaccine recipients phone: **+607666214124**

Vaccine recipient email: **core1A2eBU**

Country: **Afghanistan**

Vaccine recipients zip code: **R577qSpz0S**

Age: **26**

Gender: **Perempuan**

Field of work: **Swasta**

Nation: **China**

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

Complaints for side effects of the dose: **Booster ketiga**

Date of injection: **03/22/2022**

Injection reception location: **sTC1RyHLIm**

Vaccine batch number: **zcb9becRTB**

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?: **2-3 days**

What are the side effects experienced?: *



Darah tinggi



Alahan (allergy)

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

Are you/your next of kin hospitalized?: **tidak**

Ward type (if applicable): **icu (intensive care unit)**

How long have you/your heirs been treated in the hospital?: **2-3 hari**

Name of hospital where treated / confirmed dead (if any): **1yKr8mEiKg**

How long have you/your heirs experienced these side effects?: **Seminggu**

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

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:
kZZWek6sDk

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) **ya**

The doctor's reaction and diagnosis to the side effects you/your heirs receive:
kZZWek6sDk

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):
ya

Are you willing to be contacted? State information such as telephone/email number and name (if contacted on behalf of the beneficiary: **7168897059**

Additional comments or complaints about side effects and current living conditions:
CaXCPMIe03