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**BAPATECV00000001**

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

Email: [mr.mokaddes@gmail.com](mailto:mr.mokaddes@gmail.com)

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

Vaccine recipient name: **Mokaddes Hosain**

Vaccine Recipient Identification Card: **9102535946**

Vaccine recipients phone: **+603454657**

Vaccine recipient email: **mr.mokaddes@yahoo.com**

Country: **Bangladesh**

Vaccine recipients zip code: **5460**

Age: **27**

Gender: **Lelaki**

Field of work: **Tidak berkerja**

Nation: **Not a citizen**

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

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

Date of injection: **02/23/2022**

Injection reception location: **Sylhet**

Vaccine batch number: **0145**

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?: \*

How does it affect the quality of life?: **Sederhana**

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): **Sylhet MAG**

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

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

Choose only the worst one:

What is your disease history/previous inheritance?: \*

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

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)  
**tidak**

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

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):  
**tidak**

Are you willing to be contacted? State information such as telephone/email number and name (if contacted on behalf of the beneficiary: **No**

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