



**BAPATECV00000001**

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

Email: [mymailem@gmail](mailto:mymailem@gmail.com)

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

Vaccine recipient name: **My Name**

Vaccine Recipient Identification Card: **0124574458**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **mymailem@gmail**

Country: **Antigua and Barbuda**

Vaccine recipients zip code: **3214**

Age: **26**

Gender: **Lelaki**

Field of work: **Tidak berkerja**

Nation: **Permanent resident**

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

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

Date of injection: **03/15/2022**

Injection reception location: **Loc**

Vaccine batch number: **56745674**

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?: \*



Strok



Masalah penglihatan



Sawan



Lumpuh



Jantung berdebar laju



Darah tinggi



Alahan (allergy)



Anggota badan lemah / sakit / kejang / kebas



Mati pucuk



Keguguran kandungan



Keguguran kandungan1



Pendarahan daripada rongga badan



Muntah



Nanah (abcess) pada tubuh/anggota



Sakit dada (bahagian jantung)



Reflux acid perut (GERD)



Demam

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?: **2-3 hari**

Name of hospital where treated / confirmed dead (if any): **N/A**

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?: \*



Masalah jantung



Gout

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? **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?: **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: **N/A**

Additional comments or complaints about side effects and current living conditions:  
**N/A**