



BAPATECV00000001

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

Email: poipiuo@iukhjghj

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

Vaccine recipient name: **fdgdfg**

Vaccine Recipient Identification Card: **4545435**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **N/A**

Country: **Andorra**

Vaccine recipients zip code: **21324**

Age: **29**

Gender: **Lelaki**

Field of work: **Swasta**

Nation: **Malay**

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

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

Date of injection: **03/08/2022**

Injection reception location: **fghgfh**

Vaccine batch number: **4535**

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?: **1 jam**

What are the side effects experienced?: *

- ☒ Strok
- ☒ Masalah penglihatan
- ☒ Masalah pendengaran
- ☒ Sawan
- ☒ Bells palsy (otot muka)
- ☒ Lumpuh
- ☒ Sesak nafas
- ☒ Jantung berdebar laju
- ☒ Darah tinggi
- ☒ 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?: **tidak**

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

How long have you/your heirs been treated in the hospital?: **Sebulan dan ke atas**

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

How long have you/your heirs experienced these side effects?: **3 minggu**

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

Choose only the worst one:

What is your disease history/previous inheritance?: *

- ☒
Athma
- ☒
Darah tinggi
- ☒
Kanser



Anemia

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