



BAPATECV00000001

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

Email: yttryytu@dt

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

Vaccine recipient name: **ytryt hfgh**

Vaccine Recipient Identification Card: **45646546**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **yttryytu@dt**

Country: **Afghanistan**

Vaccine recipients zip code: **456546**

Age: **27**

Gender: **Lelaki**

Field of work: **Surirumah**

Nation: **China**

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

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

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

Injection reception location: **jjghj**

Vaccine batch number: **56546546**

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?: *

- ☒ Sakit kepala/gelap mata/kepala berpusing
- ☒ Masalah penglihatan
- ☒ Sawan
- ☒ Lumpuh
- ☒ Jantung berdebar laju
- ☒ Darah tinggi
- ☒ Alahan (allergy)
- ☒ Anggota badan lemah / sakit / kejang / kebas
- ☒ Gastrik
- ☒ Batuk
- ☒ Hilang deria rasa/bau
- ☒ Buta
- ☒ Gout
- ☒ Kayap (shingles)

How does it affect the quality of life?: **Kecacatan sementara**

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

Ward type (if applicable): **N/A**

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?: **Sehari**

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



Alahan (allergy)



Masalah buah pinggang

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? **tidak**

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: **N/A**

Did the doctor say it was related to the vaccine injection received?: **tidak**

Have you made a report in the MySejahtera application? **tidak**

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: **N/A**

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