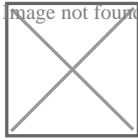


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BAPATECV00000001

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

Email: ereg@sfdds

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

Vaccine recipient name: **fggegt**

Vaccine Recipient Identification Card: **erter**

Vaccine recipients phone: **+60134243445**

Vaccine recipient email: **ereg@sfdds**

Country: **Antigua and Barbuda**

Vaccine recipients zip code: **3432**

Age: **27**

Gender: **Lelaki**

Field of work: **Lain-lain**

Nation: **China**

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

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

Date of injection: **03/20/2022**

Injection reception location: **rtgr**

Vaccine batch number: **34324**

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?: *



Pengsan



Darah tinggi



Gastrik

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

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

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): **N/A**

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

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

Choose only the worst one:

What is your disease history/previous inheritance?: *



Kencing manis



Alahan (allergy)

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)
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?: 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: **N/A**

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