

BAPATECV00000001

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

Email: ghfghfgh@fghfhf

Did you fill out this form to: Diri

Vaccine recipient name: fgfdhg

Vaccine Recipient Identification Card: fghfgh

Vaccine recipients phone: +60123456789

Vaccine recipient email: ghfghfgh@fghfhf

Country: Afghanistan

Vaccine recipients zip code: 345435

Age: 28

Gender: Lelaki

Field of work: Lain-lain

Nation: Other Malaysians

Type of vaccine received: Sinovac - Coronavac

Complaints for side effects of the dose: Kedua

Date of injection: 03/07/2022

Injection reception location: ffh

Vaccine batch number: **543345** 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?:2-3 days What are the side effects experienced?: * ✓Pengsan ✓ Masalah penglihatan **✓** Sawan **✓** Lumpuh ☑Radang paru-paru (pneumonia) How does it affect the quality of life?: Kecacatan kekal Are you/your next of kin hospitalized?: tidak Ward type (if applicable): ordinary ward How long have you/your heirs been treated in the hospital?: 3 minggu Name of hospital where treated / confirmed dead (if any): N/A How long have you/your heirs experienced these side effects?: 3 minggu How are you/heirs now?: Tiada perubahan Choose only the worst one: What is your disease history/previous inheritance?: * ?Masalah jantung ?Gout ?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? 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?: ya

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