

BAPATECV00000001

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

 $Email: {\color{red} \underline{mokaddes@gmail.com}}$

Did you fill out this form to: Diri

Vaccine recipient name: Mokaddes

Vaccine Recipient Identification Card: 65485

Vaccine recipients phone: +60123456789

Vaccine recipient email: mokaddes@gmail.com

Country: Albania

Vaccine recipients zip code: 3452

Age: 27

Gender: Lelaki

Field of work: Tidak berkerja

Nation: China

Type of vaccine received: AstraZeneca

Complaints for side effects of the dose: Kedua

Date of injection: **03/14/2022**

Injection reception location: sy

Vaccine batch number: 34

Choose only the worst one:

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?: *
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 ✓
Selesema 🗸
Gangguan emosi (anxiety, marah etc)
Muncul masalah kencing manis (gula tinggi)
Buta 🗸
Gout 🗹
How does it affect the quality of life?: Teruk
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?: Sebulan dan ke atas
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 neruhahan

What is your disease history/previous inheritance?: *
Tiada sejarah penyakit Kencing manis Gout Alahan (allergy) Athma Penyakit auto-imun Penyakit auto-imun Tiada sejarah penyakit Alahan penyakit Penyakit auto-imun Alahan penyakit Alahan peny
Masalah buah pinggang 🔽
Masalah hati 🗸
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