



BAPATECV00000001

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

Email: mr.mokaddes@hotmail.com

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

Vaccine recipient name: **Mokaddes Hosain**

Vaccine Recipient Identification Card: **100210**

Vaccine recipients phone: **+60102369789**

Vaccine recipient email: **mr.mokaddes@yahoo.com**

Country: **Bangladesh**

Vaccine recipients zip code: **3100**

Age: **27**

Gender: **Lelaki**

Field of work: **Tidak berkerja**

Nation: **Not a citizen**

Type of vaccine received: **Cansino**

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

Date of injection: **02/12/2022**

Injection reception location: **sylhet**

Vaccine batch number: **1043**

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?: *



Sakit kepala/gelap mata/kepala berpusing



Mati pucuk



Selesema



Gangguan emosi (anxiety, marah etc)

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

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?: **2 minggu**

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

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

How are you/heirs now?: **Tiada perubahan**

Choose only the worst one:

What is your disease history/previous inheritance?: *



Athma



Darah tinggi



Kanser

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