



**BAPATECV00000001**

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

Email: [setgryry@fdgdfg](mailto:setgryry@fdgdfg)

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

Vaccine recipient name: **fgfdg**

Vaccine Recipient Identification Card: **435345**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **N/A**

Country: **N/A**

Vaccine recipients zip code: **34535**

Age: **26**

Gender: **Lelaki**

Field of work: **Pesara**

Nation: **Malay**

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

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

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

Injection reception location: **dfgdfg**

Vaccine batch number: **345345**

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?: \*

- ☒ Masalah penglihatan
- ☒ Lumpuh
- ☒ Jantung berdebar laju
- ☒ Darah tinggi
- ☒ Alahan (allergy)
- ☒ Anggota badan lemah / sakit / kejang / kebas
- ☒ Mati pucuk
- ☒ Keguguran kandungan
- ☒ Gout
- ☒ Kayap (shingles)

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

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?: **Others**

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

How long have you/your heirs experienced these side effects?: **2-3 hari**

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

Choose only the worst one:

What is your disease history/previous inheritance?: \*

- ☒ Gout
- ☒ Athma
- ☒ Darah tinggi
- ☒ Masalah buah pinggang
- ☒ Masalah hati

The doctor's reaction and diagnosis to the side effects you/your heirs receive: **f**

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) **ya**

The doctor's reaction and diagnosis to the side effects you/your heirs receive: **f**

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):  
**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**