



BAPATECV00000001

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

Email: sdfgdfg@dsfdsfg

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

Vaccine recipient name: **fdgfhgfh**

Vaccine Recipient Identification Card: **4543534**

Vaccine recipients phone: **+60123456789**

Vaccine recipient email: **sdfgdfg@dsfdsfg**

Country: **Andorra**

Vaccine recipients zip code: **324**

Age: **26**

Gender: **Lelaki**

Field of work: **Pendidikan**

Nation: **China**

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

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

Date of injection: **03/13/2022**

Injection reception location: **fdghfh**

Vaccine batch number: **45345**

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?: *

- ☒ Masalah penglihatan
- ☒ Sawan
- ☒ Lumpuh
- ☒ Jantung berdebar laju
- ☒ Darah tinggi
- ☒ Alahan (allergy)
- ☒ Anggota badan lemah / sakit / kejang / kebas
- ☒ Mati pucuk
- ☒ Keguguran kandungan
- ☒ Pendarahan daripada rongga badan
- ☒ Muntah
- ☒ Nanah (abcess) pada tubuh/anggota
- ☒ Sakit dada (bahagian jantung)
- ☒ Reflux acid perut (GERD)
- ☒ Demam
- ☒ Keguguran rambut teruk

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?: **2-3 hari**

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?: **Berkurang, masih ada baki kesakitan**

Choose only the worst one:

What is your disease history/previous inheritance?: *

- ☒ Tiada sejarah penyakit

- ☒ Masalah jantung
- ☒ Kencing manis
- ☒ 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?: **tidak**

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?: **tidak**

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