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BRN: _____ Initial / Follow-up

Kementerian Kesihatan, Brunei Darussalam
Ministry of Health, Brunei Darussalam

BORANG LAPORAN SIMPTOM SELEPAS MENERIMA VAKSIN COVID-19
SYMPTOMS AFTER COVID-19 VACCINATION REPORTING FORM

Sila isi semua bahagian di dalam laporan ini. Semua maklumat peribadi akan dirahsiakan.
Please fill in all sections in this report. All personal information will remain confidential.

TARIKH / DATE : _____

A. MAKLUMAT PENERIMA VAKSIN / VACCINE RECIPIENT DETAILS

Nama / Name: _____
No. kad pengenalan / Identity card no.: _____ No. BruHIMS / BruHIMS no.: _____ Umur / Age: _____
No. telefon / Telephone no.: _____ Jantina / Gender: Lelaki / Male Perempuan / Female
No. pasport (bagi yang belum mempunyai kad pengenalan) / Passport no. (for those who do not have an identity card): _____

B. MAKLUMAT PELAPOR / REPORTER DETAILS

(bagi mereka yang melaporkan bagi pihak kanak-kanak atau penjaga sahaja / only for those reporting on behalf of a minor or carer)

Nama pelapor / Reporter's name: _____
No. kad pengenalan pelapor / Reporter's identity card no.: _____
No. telefon pelapor / Reporter's telephone no.: _____ E-mel/ E-mail: _____

C. MAKLUMAT VAKSIN / VACCINE INFORMATION

Jenama vaksin COVID-19 / Brand of COVID-19 vaccine: _____
Dos yang diterima / Dosage received: Dos pertama / First dose Dos kedua / Second dose
Tempat vaksinasi / Place of vaccination: _____
Tarikh vaksinasi / Date of vaccination: _____ Masa vaksinasi / Time vaccine received: _____

D. MAKLUMAT SIMPTOM / SYMPTOM INFORMATION

Sila tanda ✓ pada setiap simptom yang dialami / Please tick ✓ on every symptom experienced:

Kesan pada tempat suntikan / Effect at site of injection:	Kesan pada tempat selain tempat suntikan / Effect at other than site of injection:	
<input type="checkbox"/> Bengkak / Swelling	<input type="checkbox"/> Demam panas / Fever	<input type="checkbox"/> Muntah-muntah / Vomiting
<input type="checkbox"/> Sakit / Pain	<input type="checkbox"/> Ruam / Rash	<input type="checkbox"/> Sakit badan / Body ache
<input type="checkbox"/> Gatal-gatal / Itchy	<input type="checkbox"/> Gatal-gatal / Itchy	<input type="checkbox"/> Cirit birit / Diarrhoea
<input type="checkbox"/> Ruam / Rash	<input type="checkbox"/> Kejengkelan / Irritability	<input type="checkbox"/> Berdarah / Bleeding
<input type="checkbox"/> Lain-lain (sila nyatakan) / Others (please indicate):	<input type="checkbox"/> Hilang selera makan / Loss of appetite	<input type="checkbox"/> Sesak nafas / Shortness of breath
_____	<input type="checkbox"/> Sakit kepala / Headache	<input type="checkbox"/> Kencing berdarah / Blood in urine
_____	<input type="checkbox"/> Mual / Nausea	<input type="checkbox"/> Lemah pada tangan atau kaki / Hand or leg weakness
	<input type="checkbox"/> Lain-lain (sila nyatakan) / Others (please indicate):	<input type="checkbox"/> Maklumat tambahan / Any additional information:
	_____	_____

Tarikh simptom/ Date of symptom: _____ Masa bermula simptom/ Time of symptom: _____

Adakah awda telah menerima rawatan bagi simptom tersebut di mana-mana pusat kesihatan atau hospital? / Ya / Yes Tidak / No
Did you receive any treatments for the symptom(s) at any health centre or hospital?

Adakah awda telah merawat simptom itu sendiri? / Ya / Yes Tidak / No
Did you perform self-treatment?

Jika ya, sila nyatakan (nama ubat, dos dan kekerapan mengambil ubat tersebut) / _____
If yes, please specify (medicine name, dose and frequency)
(tidak wajib untuk mengisi maklumat ubat / not mandatory to fill in medicine details)

Adakah awda sudah sembuh dari simptom tersebut? / Ya / Yes Tidak / No Tarikh pulih/Date recovered: _____
Have you recovered from the symptom(s)?

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**PANDUAN MELAPORKAN SIMPTOM
GUIDANCE ON SYMPTOM REPORTING**

**APAKAH YANG PERLU DILAPORKAN?
WHAT TO REPORT?**

Sila laporkan jika awda mengalami sebarang simptom baru selepas menerima vaksin. Identiti serta maklumat yang awda berikan akan dirahsiakan.

Please report if you develop any new symptoms after you receive the vaccine. Your identity and information will be kept confidential.

**MENGAPA PERLU MELAPORKAN SIMPTOM?
WHY REPORT SYMPTOMS?**

Laporan ini boleh membantu meningkatkan keselamatan penggunaan vaksin dan mungkin dapat mengesan dan mengenalpasti kesan sampingan yang baru bagi vaksin ini.

This report will help improve the safe use of vaccines and may detect and identify new side effects of this vaccine.

**BAGAIMAN CARA MELAPORKAN?
HOW TO REPORT?**

Dapatkan borang ini dari tempat vaksinasi atau farmasi kerajaan yang berdekatan (hospital/ pusat kesihatan). Sila isikan borang ini selengkap mungkin dan setelah lengkap diisi, sila pulangkan borang ini ke farmasi kerajaan yang berdekatan (hospital/ pusat kesihatan), atau awda boleh poskan/ e-mel kepada kami. Sila berikan maklumat perhubungan awda untuk membolehkan kami menghubungi awda sekiranya maklumat yang lebih lanjut mengenai laporan awda diperlukan.

This form can be obtained from vaccination sites or at the nearest government pharmacy (hospital/ health centre). Please fill in the form as completely as possible and once completed, please return the form to the nearest government pharmacy (hospital/ health centre), or post/ email directly to us. Please provide your contact details as well to allow us to obtain further information about your report if necessary.

FOLD HERE FIRST / LIPAT DI SINI DAHULU

To:

National Adverse Drug Reaction Monitoring Centre (NADRMCM)
c/o Pharmacovigilance Section
1st Floor, Department of Pharmaceutical Services Building
Simpang 433, Rimba Highway
Kg Madaras, Bandar Seri Begawan
BB1514
Brunei Darussalam
Telephone Number: +673 2392398/ 2393301 Ext 201, 206, 207
Fax Number: +673 2393097
E-mail: nadrmc.dps@moh.gov.bn

FOLD HERE SECOND / LIPAT DI SINI KEMUDIAN
