PROFORMA

DEMOGRAPHY:

Sex

Male [] Female []

Age Range <20 [] 20-29 [] 30-39 [] 40-49 [] 50-59 [] 60-69 [] ≥70 []

Healthcare Worker No [] Yes []

Comorbidities (e.g. hypertension, diabetes, cancer, asthma, heart failure, etc.): No [] Yes []

Previous COVID-19 infection (by positive PCR or RDT test): No [] Yes []

A. VACCINE SIDE EFFECT:

VACCINE DOSE First [] Second []

VACCINE LOCAL SIDE EFFECTS (at the site of injection)

LOCAL SIDE	DAY	WEEK												
EFFECTS	1	2	3	4	5	6	7	2	3	4	5	6	7	8
Any side effect?														
Pain?														
Swelling?														
Pain?														
Redness?														
Warmth?														
Bruising?														
Swollen armpit														
gland?														
Itch?														
Others?														

VACCINE SYSTEMIC SIDE EFFECTS (at sites other than the injection's site)

SYSTEMIC SIDE	DAY	WEEK												
EFFECTS	1	2	3	4	5	6	7	2	3	4	5	6	7	8
Any side														
effect?														
Low energy?														
Chills /shiver?														
Muscle pain?														
Bone pain?														
Headache?														
Nausea?														
Diarrhoea?														
Allergy														
Others?														