AEFI Report ID	AEFI025110	Reporter Type	CIR Vaccinator
Channel	CIR	Received Date/Time	s 9(2)(a)
Consumer informatio	in.		
Consumer First Name	THERESA	Consumer NHI Number	s 9(2)
Consumer Last Name	MCCAWE	Consumer Date of	
Consumer Last Name		Birth	s 9(2)(a)
Consumer Ethnicity	s 9(2)(a)	Consumer Gender	s 9(2)
Consumer contact inf	formation		
Patient Address	s 9(2)(a)	Patient Phone	-
T delette / tadi ess	S S(=)(=)	T deterie T Horiz	
Vaccination details			
Antigen Name	Pfizer BioNTech COVID-19	Dose Number	1
Time of Antigen	s 9(2)(a)	Vaccination Facility	s 9(2)(a)
Administration		Vaccination racinty	
Injection Site	Right Deltoid	DHB	s 9(2)(a)
AEFI description			
AEFI description Occurrence Date/Time	s 9(2)(a)		
Occurrence Date/Time Reporters Description	Patient felt tingling in arms, her lay her down with feet up. Ran pressure. Blood pressure was h uncontrollable shaking and Dry	g ambulance and continued t igh 170/99 second 150/87 ar throat, but no problem swal	o watch breathing and took bloo nd patient had severe and lowing. Ambulance came and
Occurrence Date/Time Reporters Description of AEFI	Patient felt tingling in arms, he lay her down with feet up. Ran pressure. Blood pressure was h	g ambulance and continued t igh 170/99 second 150/87 ar throat, but no problem swal spital to observe in case of de	lowing. Ambulance came and elayed reaction.
Occurrence Date/Time Reporters Description of AEFI List of terms	Patient felt tingling in arms, her lay her down with feet up. Ran pressure. Blood pressure was h uncontrollable shaking and Dry have done obs and taken to ho Abdominal pain; Chest discomf	g ambulance and continued t igh 170/99 second 150/87 ar throat, but no problem swal spital to observe in case of de	o watch breathing and took bloo nd patient had severe and lowing. Ambulance came and elayed reaction.
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