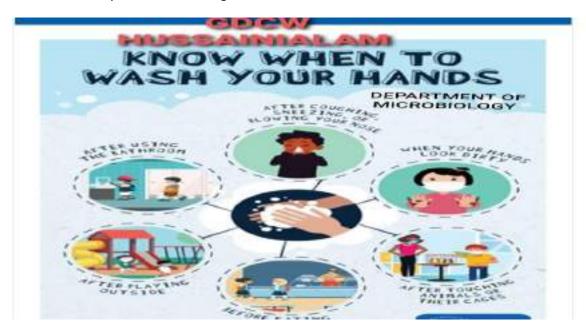
Field Work in near by schools and colleges



Distributed to schools going kids near to out college Pamphlet



- If the temperature persists and you are breathless on walking consult doctor immediately. പ്രാര ത്യൂട്ടിൽഡണ്ട, മർക്കര്യൂട്ടം സ്വേതം മരുക്കു മാർമ് യൂറ്റം, രാഗ്യമാണ്ട്.



← SURVEY ON COVID-19



GDCW HUSSAINIALAM HYD.

Survey On COVID-19 Vaccination DEPARTMENT OF MICROBIOLOGY AND HEALTH CLUB **JANUARY 2022**

1.Email:		
2. YOUR FULL NAME:		
3,NUMBER:		
4. GENDER:		
5.Age:		
6.Adress:		
3.YOUR MOBILE		
7. STATUS :Mark only	one	SAISTIN SE
O Employed O I	Jnemployed (O Student
8:If employed, your p	rofession	
9:Have you ever been	infected with Co	orona Virus?
YES / NO		
 Have you received YES / NO 	d a Covid-19 vacc	ine?
11. If vaccinated, who	ere did you get th	ne vaccine?
O Govt Hospital		
O Govt Health Can	e centre	
O Private Hospital		
O Private Health C	are centre	
O Didn't get any va	eccine	
12. If you were vaccin	ated, which vacc	cine did you get?
O Covaxin vaccine		
O Covishield vaccin	e	
O Sputnik V vaccine	2	
O Didn't get any va	ccine	
13. If you were vaccin	ated, how many	doses did you get?
O ONLY 1st DOSE		
O BOTH 1st & 2nd	DOSE	
O Didn't get any va	iccine	
O Other:		
14.If you were vaccin	ated, what were	your side effects after the vaccine?
O Tiredness		
O Headache		
O Muscle pain		
O Chills		
O Fever		
O Nausea		
O Nothing		
O Didn't get any v	accine	
15. How did the side		
O Medication	O Naturally	O Didn't get any vaccine I did not have any side effects

- 16. Have you been infected with the corona virus, even after being vaccinated against Covid-19?
 - O Yes
 - O No
 - O Did'nt get any vaccine
- 17. How would you get the vaccination drive of the state on a scale of 1 to 5.2





Students awareness



