

## Symptoms

Score: Positive

Fatigue	Yes	Weakness	Yes
Aches	Yes	Cramps	Yes
Unusual Pain	No	Ice Pick Pain	No
Headache	Yes	Light Sensitivity	No
Red Eyes	No	Blurred Vision	Yes
Tearing	No	Sinus	Yes
Cough	No	Shortness of Breath	No
Abdominal Pain	No	Diarrhea	No
Joint Pain	Yes	Morning Stiffness	Yes
Memory	Yes	Focus/Concentration	Yes
Word Recollection	Yes	Decreased Assimilation of New Knowledge	Yes
Confusion	No	Disorientation	No
Skin Sensitivity	No	Mood Swings	No
Appetite Swings	No	Sweats - especially night sweats	No
Temperature Regulation	No	Excessive Thirst	No
Increased Urination	Yes	Static Shocks	No
Numbness	No	Tingling	No
Vertigo	No	Metallic Taste	No
Tremors	No		

### VCS Left Eye

	A	B	C	D	E
9	✗	✗	✗	✗	✗
8	✗	✗	✗	✗	✗
7	✓	✓	✓	✗	✗
6	✓	✓	✓	✗	✗
5	✓	✓	✓	✗	✗
4	✓	✓	✗	✗	✗
3	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
1	✓	✓	✓	✓	✓

### VCS Right Eye

	A	B	C	D	E
9	✗	✗	✗	✗	✗
8	✗	✗	✓	✗	✗
7	✗	✓	✓	✗	✗
6	✗	✓	✓	✗	✗
5	✓	✓	✓	✓	✗
4	✓	✓	✓	✓	✗
3	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
1	✓	✓	✓	✓	✓