

Symptom Checklist for COVID-19

Surname, First Name	
Date of Birth (DDMMYYYY)	
Probable Date of Infection	
Probable Place of Infection	
Date the first symptoms appeared (see COVID-19 symptom checklist)	
Date of first positive diagnosis (throat swab), if available	
Date of second positive diagnosis (throat swab), if available	
Date of first negative diagnosis (throat swab), if available	

▶	Current and past symptoms - Please mark with a cross	X
1	Fever	
2	Cough	
3	Haemoptysis (Coughing up blood, spitting blood)	
4	Congested Nose	
5	Phlegm	
6	Shortness of Breath / Respiratory Difficulties	
7	Headache	
8	Sore Throat	
9	Jaw / Facial Pain	
10	General Muscle / Joint Pain	
11	Fatigue / Exhaustion	
12	Concentration Difficulties	
13	Loss of Smell	
14	Loss of Taste	
15	Nausea / Vomiting	
16	Diarrhea	
17	Thrombocytopenia (low platelet count)	
18	Lymphopenia (low lymphocyte count)	
Total number of Symptoms		

The Symptom Checklist cannot replace medical advice for the acute symptoms mentioned above. It is just a complementary tool to support the clinical diagnosis performed by your attending physician. To be used in conjunction with clinical presentation and history.

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