

Post-Covid Infection Checklist



Name, first name Date (DD/MM/YYYY)

Your current and past symptoms Please click on the boxes next to the symptoms that you suffer from		X
1	Stomach ache, gut problems	
2	Anaemia	
3	Diarhoea intermittent, intestinal crampings/pain	
4	Fever or feverish feeling	
5	Lack of concentration, memory loss, forgetfulness	
6	Encephalitis/Inflammation of the brain	
7	Yellowish colour of the skin/eyes	
8	Painful joints or swollen joints	
9	General aches and pains, tendon problems	
10	Flu-like symptoms	
11	Rash(es), striae, exanthema	
12	Small red/purple spots of the skin	
13	Heart problems, disturbed cardiac rhythm	
14	Cough, expectoration, "air-hunger"	
15	Headache, dizziness	
16	Impaired liver function/ liver laboratory values	
17	Pneumonia, bronchitis	
18	Swollen lymph nodes	
19	Enlargement of the spleen	
20	Fatigue / exhaustion, intermittent or chronic CFS	
21	Muscle pain, muscle weakness	
22	Shivering, chill	
23	Blurred, foggy, cloudy, flickering, double vision	
24	Nausea, vomiting	
25	Dark urine	
26	Itching or pain when urinating	
27	Tingling, numbness, "burning" sensations	
28	Neck pain, neck stiffness	
29	Shoulder pain	

