

Multiple Infection Checklist

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

Your current and former symptoms Please click on the boxes next to the symptoms that you suffer from		X
1	Stomach ache, gut problems	<input type="checkbox"/>
2	Anaemia	<input type="checkbox"/>
3	Diarhoea intermittent, intestinal crampings/pain	<input type="checkbox"/>
4	Fever or feverish feeling	<input type="checkbox"/>
5	Lack of concentration, memory loss, forgetfulness	<input type="checkbox"/>
6	Encephalitis/Inflammation of the brain	<input type="checkbox"/>
7	Yellowish colour of the skin/eyes	<input type="checkbox"/>
8	Painful joints or swollen joints	<input type="checkbox"/>
9	General aches and pains, tendon problems	<input type="checkbox"/>
10	Flu-like symptoms	<input type="checkbox"/>
11	Rash(es), striae, exanthema	<input type="checkbox"/>
12	Small red/purple spots of the skin	<input type="checkbox"/>
13	Heart problems, disturbed cardiac rhythm	<input type="checkbox"/>
14	Cough, expectoration, "air-hunger"	<input type="checkbox"/>
15	Headache, dizziness	<input type="checkbox"/>
16	Impaired liver function/ liver laboratory values	<input type="checkbox"/>
17	Pneumonia, bronchitis	<input type="checkbox"/>

18	Swollen lymph nodes	<input type="checkbox"/>
19	Enlargement of the spleen	<input type="checkbox"/>
20	Fatigue / exhaustion, intermittent or chronic CFS	<input type="checkbox"/>
21	Muscle pain, muscle weakness	<input type="checkbox"/>
22	Shivering, chill	<input type="checkbox"/>
23	Blurred, foggy, cloudy, flickering, double vision	<input type="checkbox"/>
24	Nausea, vomiting	<input type="checkbox"/>
25	Dark urine	<input type="checkbox"/>
26	Itching or pain when urinating	<input type="checkbox"/>
27	Tingling, numbness, "burning" sensations	<input type="checkbox"/>
28	Neck pain, neck stiffness	<input type="checkbox"/>
29	Shoulder pain	<input type="checkbox"/>

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30	Back pain, pelvic pain	<input type="checkbox"/>
31	Sleeplessness	<input type="checkbox"/>
32	Night sweat, sometimes between 2 and 4 a.m.	<input type="checkbox"/>
33	Sore throat, throat pain	<input type="checkbox"/>
34	Tinnitus, hearing loss	<input type="checkbox"/>
35	Dry skin	<input type="checkbox"/>
36	Conjunctivitis, inflammation of the eyes	<input type="checkbox"/>

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