

Other Medical Diagnostics

Have you received any medical diagnostic testing for your COVID-19 physical symptoms? (Scans, ultrasounds, ECGs)

- Yes
 No

Have you completed any of the following medical diagnostic testing?

Note: If you have had any test done multiple times, please enter “Abnormal” if you received an abnormal result at any time.

	Not tested	Yes - normal	Yes - abnormal
MRI - brain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MRI - chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT scan - chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT scan - brain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT scan - abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not tested	Yes - normal	Yes - abnormal
CT scan - pulmonary angiogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X-ray - chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinal tap (lumbar puncture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound - leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound (echo) - heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not tested	Yes - normal	Yes - abnormal
Ultrasound - abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECG/EKG (heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EEG (brain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMG (muscle/nerves)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other



Not tested

Yes - normal

Yes - abnormal

If the brain MRI, brain CT, or brain EEG were abnormal, please describe the results here.

If the chest MRI, chest CT, or chest X-ray were abnormal, please describe the results here.

If the spinal tap was abnormal, please describe the results here.

If the EMG was abnormal, please describe the results here.

If any of the other tests listed above were abnormal, please describe the results here.

If you had any abnormal tests that were not listed here, please describe the results here.