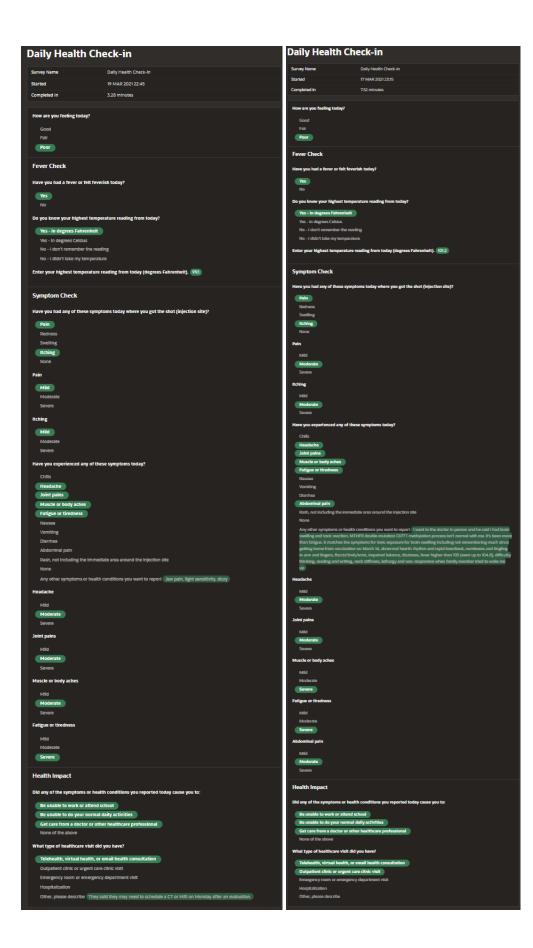


```
Daily Health Check-in
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 Daily Health Check-in
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               15 MAR 2021 22:50
                          Fever Check
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          Fever Check
National
Vorretting
Darrhau
Abdominal pain
Rash, not including to
None
Any other symptoms
Chills
Mild
Moderate
Severe
Headsche
Mild
Moderate
Severe
Joint pains
Mild
Moderate
Severe
Muscle or body ach
Mild
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Severe
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Any other symptoms or health
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Abdominal pain
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Moderate
Severe
                                           Outpatient clinic or urgent care clinic visit
Emergency room or emergency department visit
```



```
Daily Health Check-in
                                  Daily Health Check-In
 Survey Name
                                  21 MAR 2021 21:45
                                2.12 minutes
 Completed In
  How are you feeling today?
   Poor
  Fever Check
  Have you had a fever or felt feverish today?
  Do you know your highest temperature reading from today?
   Yes - in degrees Fahrenheit
    No - I don't remember the reading
    No - I didn't take my temperature
  Enter your highest temperature reading from today (degrees Fahrenheit). 991
  Symptom Check
  Have you had any of these symptoms today where you got the shot (injection site)?
  Have you experienced any of these symptoms today?
    Muscle or body aches
Fatigue or tiredness
     Nausea
     Vomiting
    Diarrhea
     Abdominal pain
     Rash, not including the immediate area around the injection site
     Any other symptoms or health conditions you want to report Jaw pain, brain fog, lethargy,
     Mild
  Joint pains
  Fatigue or tiredness
    Mild
Moderate
  Did any of the symptoms or health conditions you reported today cause you to:
   Be unable to work or attend school

Be unable to do your normal daily activities
```

```
Daily Health Check-in
                                           Dally Health Check-In
                                          3.17 minutes
   Poor
  Have you had a fever or felt feverish today?
   Yes
No
  Do you know your highest temperature reading from today?
   Yes - in degrees Fahrenheit
      Yes - In degrees Celsius
No - I don't remember the reading
  Enter your highest temperature reading from today (degrees Fahrenheit). 100.9
 Have you had any of these symptoms today where you got the shot (injection site)?
  Pain
Redness
Swelling
Itching
None
                          ced any of these symptoms today?
      Any other symptoms or health conditions you want to report. Jaw pain severe enough It's hard to open my mouth to eat, dizziness, lethargy, legs buckle when trying to walk, neck pain and stiffness, brain fog
  Joint pains
     Mild
Moderate
  Did any of the symptoms or health conditions you reported today cause you to:
    Be unable to work or attend school

Be unable to do your normal daily activities

Get care from a doctor or other healthcare professional
  What type of healthcare visit did you have?
      Emergency room or emergency department visit
       Other, please describe Telehealth with scheduled appointment on Monday -nurses keep asking if I've received a 
call from CDC based on severity and duration of fever and symptoms
```

## **Weekly Health Check-in** Weekly Health Check-in **Survey Name** Started 28 MAR 2021 22:01 Completed In 3.05 minutes How are you feeling today? Good Fair Poor Since your last check-in, have you experienced any new or worsening symptoms or health conditions? Yes No Please describe the symptoms or health conditions. Chest pain through last night when inhaling, hypotension (90/52) and high resting heart rate (96). Did any of the symptoms or health conditions cause you to: Be unable to work or attend school Be unable to do your normal daily activities Get care from a doctor or other healthcare professional None of the above What type of healthcare visit did you have? Telehealth, virtual health, or email health consultation Outpatient clinic or urgent care clinic visit Emergency room or emergency department visit Hospitalization Other - please describe Since your last check-in, did you have a positive COVID-19 test or were you told by a health care provider that you had COVID-19? Yes No

# **Weekly Health Check-in**

Survey Name Weekly Health Check-in
Started 05 APR 2021 08:23

Completed In 8.62 minutes

#### How are you feeling today?

Good

Fair

Poor

Since your last check-in, have you experienced any new or worsening symptoms or health conditions?

Yes

No

Please describe the symptoms or health conditions.

Nausea, vomiting, ER visit, + x2 urgent care & 4/4/21, 2 chest x-ray, EKG, referral to cardiologist & immunology, continued symptoms & 100 bpm resting hr & more chest pain. No underlying health conditions. MRI 4/14/21. Dr.no work thru 4/12. Help me!

Did any of the symptoms or health conditions cause you to:

Be unable to work or attend school

Be unable to do your normal daily activities

Get care from a doctor or other healthcare professional

None of the above

What type of healthcare visit did you have?

Telehealth, virtual health, or email health consultation

Outpatient clinic or urgent care clinic visit

Emergency room or emergency department visit

Hospitalization

Other - please describe

Since your last check-in, did you have a positive COVID-19 test or were you told by a health care provider that you had COVID-19?

Yes

No

Since your last COVID-19 vaccination, have you had a home or laboratory pregnancy test that was positive?

Yes

# **Weekly Health Check-in**

Survey NameWeekly Health Check-inStarted12 APR 2021 00:00Completed In2.68 minutes

#### How are you feeling today?

Good

Fair

Poor

Since your last check-in, have you experienced any new or worsening symptoms or health conditions?



No

Please describe the symptoms or health conditions.

Infectious disease expert is going to test for blood clots, send me for CTA scan, MRI is scheduled for April 14, Neurologist April 16.

Did any of the symptoms or health conditions cause you to:

Be unable to work or attend school

Be unable to do your normal daily activities

Get care from a doctor or other healthcare professional

None of the above

What type of healthcare visit did you have?

Telehealth, virtual health, or email health consultation

Outpatient clinic or urgent care clinic visit

Emergency room or emergency department visit

Hospitalization

Other - please describe

Since your last check-in, did you have a positive COVID-19 test or were you told by a health care provider that you had COVID-19?

Yes

## Weekly Health Check-in

Survey Name	Weekly Health Check-in
Started	19 APR 2021 06:03
Completed In	7.58 minutes

#### How are you feeling today?

Good

Fair

Poor

Since your last check-in, have you experienced any new or worsening symptoms or health conditions?



No

Please describe the symptoms or health conditions.

Aphasia, leg pain, continued back ache, severe headache, MRI and Venogram. Venous flow signal in left transverse and sigmoid sinus, small & irregular. Arachnoid granulation. 2013 MRI showed symmetry and all normal scan in contrast. Please help me!

Did any of the symptoms or health conditions cause you to:

Be unable to work or attend school

Be unable to do your normal daily activities

Get care from a doctor or other healthcare professional

None of the above

What type of healthcare visit did you have?

Telehealth, virtual health, or email health consultation

Outpatient clinic or urgent care clinic visit

Emergency room or emergency department visit

Hospitalization

Other - please describe

Since your last check-in, did you have a positive COVID-19 test or were you told by a health care provider that you had COVID-19?

Yes

### 42 day Health Check-in Survey Name 42 day Health Check-in 25 APR 2021 23:08 Started Completed In 6.32 minutes How are you feeling today? Good Poor Since your last check-in, have you experienced any new or worsening symptoms or health conditions? Yes Please describe the symptoms or health conditions. Drops in blood pressure (85/52 & 100bpm resting her) Chest pain, racing heart, blurry vision, headache, dizziness, back pain, difficulty with speech, reading, writing walking, MD said symptoms like TIAs, and TBI, referral for neuro-Did any of the symptoms or health conditions cause you to: Be unable to work or attend school Be unable to do your normal daily activities Get care from a doctor or other healthcare professional What type of healthcare visit did you have? Telehealth, virtual health, or email health consultation Outpatient clinic or urgent care clinic visit Emergency room or emergency department visit Other - please describe PCP & Neurologists referrals declined by specialist as they say they don't have capacity to work with people with reaction after Covid-19 vaccination Since your last check-in, did you have a positive COVID-19 test or were you told by a health care provider that you had COVID-19? How would you describe your current state of health? Excellent Good Fair Poor How is your health now compared to your health before your last COVID-19 vaccination? Better About the same Do you believe your health problems might be related to your COVID-19 vaccination? No Since your last COVID-19 vaccination, have you had a home or laboratory pregnancy test that was positive? No

### 3 Month Health Check-in Survey Name 3 Month Health Check-in 14 JUN 2021 00:30 Started Completed In 8.1 minutes How are you feeling today? Good Poor Since we last contacted you, have you experienced any new symptoms or health conditions? Yes Please describe the symptoms or health conditions. Doubled over abdominal pain, blurry vision, cold sweat, leg pain Ringing in my ear, VOR dysfunction. Ongoing speech therapy, vestibular & physical therapy. All test: no underlying conditions. Next test: Transcranial Doppler (June 21). Did any of the symptoms or health conditions cause you to: Be unable to work or attend school Be unable to do your normal daily activities Get care from a doctor or other healthcare professional None of the above What type of healthcare visit did you have? Telehealth, virtual health, or email health consultation Outpatient clinic or urgent care clinic visit Emergency room or emergency department visit Other - please describe Ongoing testing. Echocardiogram, Zio patch, EMG, hearing test, VNG, transcranial Doppler, EEG, allergist testing in July for polysorbate 80, still on full disability, not medically cleared to drive, not cleared to walk more than 25 minutes a day Since your last check-in, did you have a positive COVID-19 test or were you told by a health care provider that you had COVID-19? Yes No Since your last COVID-19 vaccination, have you had a home or laboratory pregnancy test that was positive? No How is your health now compared to before your COVID-19 vaccination? About the same Worse Do you believe your health problems might be related to your COVID-19 vaccination?

Yes No

### Final Health Check-in

Survey Name Final Health Check-in
Started 14 MAR 2022 21:20
Completed In 11.05 minutes

How are you feeling today?

Good

Fair

Poor

Since we last contacted you, have you experienced any new symptoms or health conditions?

Yes

No

Please describe the symptoms or health conditions.

Elevated sCD40L, VEGF (seen in hypoxia & thrombocytopenia), fusion with defective steriopsis, deficient saccades, light & sound sensitivity, dizziness, "presents like TBI," speech therapy, vision rehabilitation, debilitating fatigmenstural clotting

Did any of the symptoms or health conditions cause you to:

Be unable to work or attend school

Be unable to do your normal daily activities

Get care from a doctor or other healthcare professional

None of the above

What type of healthcare visit did you have?

Telehealth, virtual health, or email health consultation

Outpatient clinic or urgent care clinic visit

Emergency room or emergency department visit

Hospitalization

Other - please describe Speech therapy, osteopathic rehabilitation, neural-vision rehabilitation, vestibular therapy, 9 research studies, including specialist labs. Found S1 in non-classical monocytes 6 months post injection with negative nucleocapsid and negative PCR

Since your last check-in, did you have a positive COVID-19 test or were you told by a health care provider that you had COVID-19?

Yes

No

Since your last COVID-19 vaccination, have you had a home or laboratory pregnancy test that was positive?

Yes

No

How is your health now compared to before your COVID-19 vaccination?

Better

About the same

Worse

Do you believe your health problems might be related to your COVID-19 vaccination?

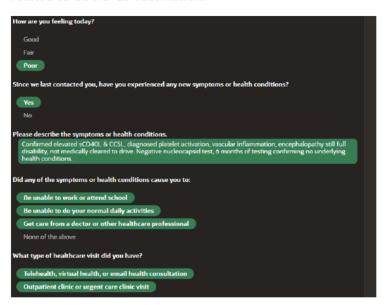
Yes

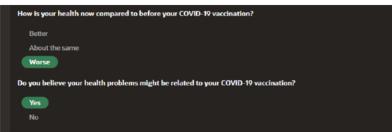
First Health Check-In: March 14, 2021



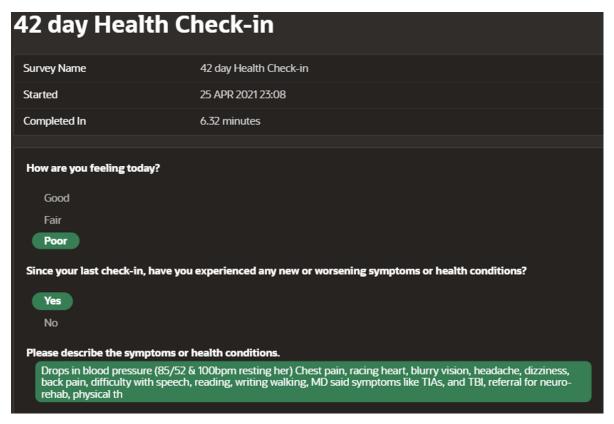
time the notification to complete health screening and did not reflect highest of the day or night.

CDC Called on September 29, 2021 from an unmarked call listed as "scam likely" asking "when did you recover" despite my most recent report on September 12, 2021 (6 month Health Check) stating I was unrecovered, my health was worse than before vaccination and believed the health problems were related to COVID-19 vaccination.





Note that the character limits prevented me from including all symptoms, specialists, diagnoses, and treatment. The options were so limited, all other symptoms needed to be documented in free-response, but not enough character space requiring omission of symptoms and medical visits. For example, physical therapy was cut off and could not write any more. This alone is limiting safety signals.



This should have been an immediate cause for concern on April 19, 2021 considering the emergency call for clinicians on the blood clots with CVST: Webinar April 15, 2021 - Johnson & Johnson/Janssen COVID-19 Vaccine and Cerebral Venous Sinus Thrombosis with Thrombocytopenia — Update for Clinicians on Early Detection and Treatment (cdc.gov). Venous flow signal in left transverse and sigmoid sinus note and "Please help me!" on April 19, 2021

