# VCS APTitude© Screening Test www.survivingmold.com

Date: 03/17/2022

Gender: Female Name: Anna

Age: 23

Birth Date: 11/27/1998

Race: White

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## VCS Left Eye

	A	В	C	D	E
9	<b>*</b>	<b>/</b>	8	×	×
8	<b>&lt;</b>	<b>V</b>	<b>&lt;</b>	×	×
7	<b>✓</b>	<b>✓</b>	<b>✓</b>	×	×
6	<b>&lt;</b>	<b>V</b>	<b>&lt;</b>	×	×
5	<b>~</b>	<b>V</b>	<b>~</b>	<b>V</b>	×
4	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>✓</b>	<b>⊠</b>
3	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>✓</b>	<b>⊠</b>
2	<b>✓</b>	<b>V</b>	<b>✓</b>	<b>✓</b>	×
1	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	>

## **VCS Right Eye**

	A	В	C	D	E
9	X	×	×	X	×
8	×	×	<b>√</b>	×	×
7	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>V</b>	×
6	X	<b>V</b>	<b>V</b>	<b>*</b>	×
5	<b>✓</b>	<b>√</b>	×	<b>✓</b>	×
4	<b>*</b>	<b>✓</b>	<b>✓</b>	<b>*</b>	×
3	<b>✓</b>	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>√</b>
2	<b>✓</b>	<b>✓</b>	<b>√</b>	<b>V</b>	<b>✓</b>
1	<b>&gt;</b>	<b>*</b>	<b>&gt;</b>	<b>&gt;</b>	<b>*</b>

Result: Fail

## **Symptoms**

#### **Score: Positive**

Fatigue	Yes	Weakness	Yes
Aches	Yes	Cramps	Yes
Unusual Pain	Yes	Ice Pick Pain	Yes
Headache	Yes	Light Sensitivity	Yes
Red Eyes	Yes	Blurred Vision	Yes
Tearing	Yes	Sinus	Yes
Cough	Yes	Shortness of Breath	Yes
Abdominal Pain	Yes	Diarrhea	Yes
Joint Pain	Yes	Morning Stiffness	Yes
Memory	Yes	Focus/Concentration	Yes
Word Recollection	Yes	Decreased Assimilation of New Knowledge	No
Confusion	Yes	Disorientation	Yes
Skin Sensitivity	Yes	Mood Swings	Yes
Appetite Swings	Yes	Sweats - especially night sweats	Yes
Temperature Regulation	No	Excessive Thirst	Yes
Increased Urination	Yes	Static Shocks	No
Numbness	No	Tingling	Yes
Vertigo	Yes	Metallic Taste	No
Tremors	No		•

### **Environmental Exposures**

#### **Score: Positive**

- 1.) Do you have exposure to the interior building of a water damaged building and/or microbial growth? Yes
  - a.) Do you have samples/evidence of spore or genus and species of fungus (air test, ERMI test, etc.) No
  - b.) Is there visible microbial growth (mold)? Yes
  - c.) Is there a presence of musty smells? Yes
- 2.) Do you remember a tick bite occurring before your illness beginning? No
  - a.) Did you have an unexplained rash after the bite?
  - b.) Did you experience flu-like illness after the bite?
- 3.) Have you had a brown recluse or other poisonous spider bite? No
  - a.) Did you experience flu-like illness after the bite?
- 4.) Did you become ill after eating fish? No
- 5.) Did you become ill after exposure to a body of fresh water? No
- 6.) Did you become ill after exposure to the ocean during a 'Red Tide' or other bloom? No
- 7.) Did you become ill after exposure an estuary fish kill? No
- 8.) Did you become ill after exposure to a closed shell fish bed area? No

## **Illness Diagnoses**

Tick borne illness	No
Lyme Disease	No
Fibromyalgia	No
Chronic Fatigue Syndrome	No
Gulf War Syndrome	No
Chemical Sensitivity	No
Sick Building Syndrome	No
Fungus or Mycotoxicosis	No
Depression	No
Chronic Soft Tissue Injury	No
Irritable Bowel Syndrome	No
Bacteria	No
Bell's Palsy	No
Pfiesteria	No
Sensory Neural Hearing Loss	No
Ciguatera Seafood Poisoning	No
Any Learning Disability	No
Autism	No
Attention Deficit Disorder	No
Charcot Marie Tooth Syndrome	No
Alzheimer's Disease	No
Parkinson's Disease	No
Amyotrophic Lateral Sclerosis	No
Multiple Sclerosis	No
Diabetes	No
Ocular Disease (e.g., cataract)	No
Retinal Disease (e.g., glaucoma)	No
Low Vision or Blindness	No
Another Condition Involving Neurological Function	No