### **VCS APTitude© Screening Test**

#### www.survivingmold.com

Date: 09/22/2022

**Gender: Female** 

**Name: Georgette** 

**Age: 23** 

Birth Date: 04/09/1999

**Race: White** 

Email: georgetterosearcher@gmail.com

## VCS Left Eye VCS Right Eye

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

	A	В	С	D	E
9	×	8	8	8	8
8	<b>&gt;</b>	>	<b>*</b>	8	8
7	<b>&gt;</b>	>	<b>&gt;</b>	×	<b>V</b>
6	>	>	<b>&gt;</b>	<b>&gt;</b>	<b>8</b>
5	>	>	<b>&gt;</b>	<b>*</b>	<b>V</b>
4	>	>	<b>&gt;</b>	<b>&gt;</b>	<b>V</b>
3	>	>	<b>&gt;</b>	<b>*</b>	<b>V</b>
2	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>~</b>
1	>	>	<b>*</b>	<b>&gt;</b>	<b>V</b>

**Result: Pass** 

# **Symptoms**

**Score: Positive** 

Fatigue	Yes	Weakness	Yes
Aches	No	Cramps	Yes
Unusual Pain	No	Ice Pick Pain	No
Headache	No	Light Sensitivity	No
Red Eyes	No	Blurred Vision	No
Tearing	No	Sinus	Yes
Cough	No	Shortness of Breath	No
Abdominal Pain	No	Diarrhea	No
Joint Pain	No	Morning Stiffness	No
Memory	No	Focus/Concentration	Yes
Word Recollection	No	Decreased Assimilation of New Knowledge	No
Confusion	No	Disorientation	No
Skin Sensitivity	Yes	Mood Swings	No
Appetite Swings	No	Sweats - especially night sweats	No
Temperature Regulation	No	Excessive Thirst	No
Increased Urination	No	Static Shocks	No
Numbness	No	Tingling	No
Vertigo	No	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? Unknown
  - a.) Do you have samples/evidence of spore or genus and species of fungus (air test, ERMI test, etc.) Unknown
  - b.) Is there visible microbial growth (mold)? Yes
  - c.) Is there a presence of musty smells? No
- 2.) Do you remember a tick bite occurring before your illness beginning? No
  - a.) Did you have an unexplained rash after the bite? No
  - b.) Did you experience flu-like illness after the bite? No
- 3.) Have you had a brown recluse or other poisonous spider bite? No
  - a.) Did you experience flu-like illness after the bite? No
- 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	Yes	
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		
Another Condition Involving Neurological Function	No	