

## LONG COVID – LONG VAX ADDENDUM

Name \_\_\_\_\_ Date \_\_\_\_\_

**Please list dates of occurrences of COVID-19, duration of illness, and related symptoms.  
Use an extra page to add further details if needed.**

Date	Duration of illness	Symptoms
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you take Paxlovid for any of these occurrences? Was it helpful? Did you have a negative reaction?

**Please list dates of any COVID vaccinations or boosters, and related symptoms (if any).  
Please note the manufacturer of each, if you are able.**

Date	Manufacturer	Reactions (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Have you consulted any physicians, specialists or other practitioners regarding your diagnosis?  
Please list.**

Date	Physician Name	Specialty	Diagnoses and/or Recommendations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Short narrative of your illness

Please tell us the story of your experience with Long Covid. It helps us to know a general timeline of your illness, chronic symptoms, when they first developed, if they got worse or better over time. Any things (events that happened, therapeutic interventions, etc.) that seemed to exacerbate or relieve your symptoms. How Long Covid affected your life in the past, and how it is affecting your life now.