

Please check if you are having any of these symptoms.

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|---|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Blood in stool |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Black tarry stool |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Painful urination |
| <input type="checkbox"/> Blurry vision | <input type="checkbox"/> Blood in urine |
| <input type="checkbox"/> Changes in vision | <input type="checkbox"/> Irregular menses |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Nasal congestion | <input type="checkbox"/> Skin itch |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hand or feet tingling |
| <input type="checkbox"/> Stiff neck | <input type="checkbox"/> Hand or feet numbness |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Mouth sores | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Breast pain | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Breast tenderness | <input type="checkbox"/> Cold intolerance |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Heat intolerance |
| <input type="checkbox"/> Irregular heart beats | <input type="checkbox"/> Abnormal weight gain |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Difficulty sleeping |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Easy bleeding |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Easy bruising |
| <input type="checkbox"/> Vomiting blood | <input type="checkbox"/> Lymph node enlargement |
| <input type="checkbox"/> Jaundice (yellow skin) | <input type="checkbox"/> Allergy symptoms |