

### STARRY In-Person Session Health Checklist

1. Have you experienced any of the following symptoms in the past 48 hours:

- Fever or chills
- Cough
- Shortness of Breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or running nose
- Nausea or vomiting ☐ Diarrhea

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you been in close physical contact in the last 14 days with:

- Anyone who is known to have laboratory-confirmed COVID-19?  
OR
- Anyone who has symptoms consistent with COVID-19?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Are you isolating or quarantining because you may have been exposed to a person with COVID19, or are worried that you may be sick with COVID-19?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Are you current waiting on the results of a COVID\_19 test?

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Have you traveled in the past 10 days?

(Travel is defined as any trip that is overnight AND on public transportation (plane, train, bus, Uber, Lyft, cab, etc.) OR any trip that is overnight AND with people who are not in your household.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that my responses are true and correct  (check if yes)

Did you answer NO to ALL QUESTIONS?

Access to STARRY office is APPROVED. Thank you for helping us to protect you and others during this time.

Did you answer YES to ANY QUESTION?

Access to STARRY office NOT APPROVED. Your STARRY Staff member will be scheduling a virtual session with you. Thank you for helping us to protect you and others during this time.