

COVID-19 Self-Screening Questions

If you answer “yes” to any question below, please contact your therapist immediately to cancel the appointment(s). You must inform Joya as to why you are cancelling.

2. Have you or anyone in your household experienced any of the symptoms in the list below in the past 48 hours?
 - Cough (not related to a chronic health condition)
 - Shortness of breath or difficulty breathing
 - Fever of 100.4° F or higher
 - Sore throat
 - Chills
 - New loss of taste or smell
 - Muscle or body aches
 - Nausea/vomiting/diarrhea
 - Congestion/runny nose – not related to seasonal allergies
 - Unusual fatigue
 - Headache

2. Have you or anyone in your household been in close contact with anyone with COVID-19 in the past 14 days? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period. Note: If you have been boosted or completed the primary series of Pfizer or Moderna within the last 6 months, you can disregard this question.

3. Have you or anyone in your household had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?

4. Within the past 14 days, has a public health or medical professional told you or anyone in your household to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

5. Have you or anyone in your household had any medication to reduce a fever in the past 24 hours?