

WEST WINDSOR TOWNSHIP MEETING ATTENDANCE SIGN-IN & WELLNESS QUESTIONNAIRE

271 Clarksville Road, West Windsor, NJ 08550
609-799-2400

Name: _____
Please Print

Date: _____

Phone Number: (C) _____ (H) _____

Please respond to the following questions truthfully to the best of your ability.

Are you currently experiencing, or have you experienced in the past 14 days, any of the following:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fever (100.4) or greater; or feeling feverish.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Chills, cough, shortness of breath or difficulty breathing.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fatigue, headache, muscle or body aches.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	New loss of taste or smell.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Sore throat, congestion or runny nose.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Nausea or vomiting and diarrhea.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	In the past 14 days have you been exposed to someone with COVID-19 or someone who experienced the above symptoms?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Traveled to an area that is subject to quarantine due to current travel guidance from the CDC. Please determine based on review of: https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you been advised by a health official or healthcare provider to self-isolate or self-quarantine?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you tested (+) for COVID-19 or are awaiting results?

ACKNOWLEDGEMENT

I acknowledge that I have responded to this wellness questionnaire truthfully and to the best of my ability. If I am diagnosed with the COVID-19 after being at a meeting at West Windsor Township and the onset of symptoms or lab testing occurs within 48 hours of being at the meeting, I will notify the **WEST WINDSOR HEALTH DEPARTMENT** at 609-936-8400.

Date: _____ Attendee Signature: _____

If you answered **YES** to any of the above questions, we respectfully request that you do not attend the meeting. It is recommended that you contact your doctor.