

# 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: <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html</a>
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.