

**West Windsor Township  
Township Council Meeting**

271 Clarksville Road  
West Windsor, NJ 08550

Name: \_\_\_\_\_ Council Meeting Date: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**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 as measured by oral thermometer
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"/>	Have you traveled outside of New Jersey to a state or country impacted by a travel advisory recommending self-quarantine upon return to NJ? Please refer to COVID19.nj.gov for the current listing of affected regions
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 attending this meeting and the onset of symptoms or lab testing occurs within 48 hours of the meeting, I will notify the West Windsor Health Department at 609-936-8400.

Date: \_\_\_\_\_ Attendee Signature: \_\_\_\_\_

*If you have answered yes to any of these questions, we respectfully request that you not attend the Council meeting in person, but instead watch it live on YouTube or through our conference calling system. Thank you.*