

Beginning March 1, 2021, East Brunswick Township Offices will **open to the public by appointment only, with the exception of the Senior Center. The Senior Center remains closed for all activities at this time-including appointments.** Please call the Senior Center at (732) 390-6896 for assistance on how to complete PTR's and other applications at this time. Residents can also contact the Tax Department at 732-390-6835 to request a PTR-1A or PTR-2A. The Tax Office will complete the form and mail it to them.

The Township will be adhering to the Governor's most recent Executive Orders limiting indoor attendance to 35% of capacity. For everyone's protection, township staff will continue to enforce mask use, safe distancing guidelines and hand washing.

The Public will be required to have their Temperature Checked and complete a COVID-19 HEALTH ASSESSMENT AND CONTACT TRACING CONSENT FORM when they enter the building for their appointment. Anyone who is sick will not be admitted to the building.

The opening is based on the fact that transmission rates, hospital admission rates and death rates of COVID-19 have begun to show steady declines. This opening is subject to change, based on the Township's continuing review of case-based scientific data.

<i>Tax Collection</i>	<i>732-390-6835</i>
Water / Sewer	732-390-6824
<i>Construction</i>	<i>732-390-6875</i>
Planning/Engineering	732-390-6870
<i>Recreation/Parks</i>	<i>732-390-6797</i>
Police Records	732-390-6922
<i>Clerk</i>	<i>732-390-6850</i>
Administration	732-390-6810
<i>Assessing</i>	<i>732-390-6845</i>
Court	732-390-6915

Additional information is available at the township website www.eastbrunswick.org and the townships [Facebook Page](#).

**EAST BRUNSWICK TOWNSHIP
COVID-19 HEALTH ASSESSMENT AND CONTACT TRACING FORM**

In an effort to limit the spread of the coronavirus and COVID-19, the Township is **requiring** all visitors to township offices to have a temperature check and complete this form upon entry. Please bring a double-sided, signed copy of this assessment and acknowledgment form.

NAME: _____ **DATE:** _____ **TIME:** _____

Home Address: _____

Phone No.: _____ **Department Visited:** _____

HEALTH ASSESSMENT - SECTION 1: SYMPTOMS

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

Column A

- CHILLS
- RIGORS (SHIVERS)
- MYALGIA (MUSCLE ACHES) OR BODY ACHES
- HEADACHE
- SORE THROAT THAT CANNOT BE ATTRIBUTED TO ANOTHER HEALTH CONDITION
- NAUSEA OR VOMITING
- DIARRHEA
- FATIGUE
- CONGESTION OR RUNNY NOSE

Column B

- FEVER (100.4°F or greater)
- COUGH THAT CANNOT BE ATTRIBUTED TO ANOTHER HEALTH CONDITION
- SHORTNESS OF BREATH THAT CANNOT BE ATTRIBUTED TO ANOTHER HEALTH CONDITION
- DIFFICULTY BREATHING
- NEW LOSS OF SMELL
- NEW LOSS OF TASTE

ARE YOU FEELING SICK?

- Yes
- No

If you are sick, do not enter the building. If TWO OR MORE of the fields in Column A are checked off OR AT LEAST ONE field in Column B is checked off, please do not enter the building.

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HEALTH ASSESSMENT - SECTION 2: CLOSE CONTACT/POTENTIAL EXPOSURE

Within the last 10 days have you been diagnosed with COVID-19, had a test confirming you have COVID-19, or have been advised to self-isolate or quarantine by your doctor or a public health official? Or are you currently waiting on the results of a COVID-19 test?

- Yes
- No

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

- Yes
- No

In the last 2 weeks, did you care for or have close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more) with someone with symptoms of COVID-19, or who has been tested positive for COVID-19 or diagnosed with COVID-19? Or have you had direct contact with infectious secretions (e.g., were coughed on)? Or have you traveled to an area of high community transmission?

- Yes
- No

If ANY of the fields in Section 2 are checked off as YES, please do not enter the building.

I acknowledge that I have completed the COVID-19 HEALTH SELF-ASSESSMENT. I also understand that if I am sick, have a temperature, am experiencing symptoms of COVID-19, or have been exposed to COVID-19, as described on the COVID-19 HEALTH SELF-ASSESSMENT, I must not enter the building.

By my signature below, I understand and agree that:

1. The Township is collecting personal information about my visit today in the event the Middlesex County Health Department requests the information in order to conduct COVID-19 contact tracing.
2. This form and the information I am providing below will be provided by the Township to the Middlesex County Health Department upon request in order to respond to the County's contract tracing efforts with respect to a reported potential COVID-19 exposure.
3. The Township will store all forms collected by date of entry to the Township building and will provide the Health Department with forms for the dates and times requested.
4. I authorize the Township to share the information below with and upon request by the Middlesex County Health Department.

Signature: _____ **Date:** _____