

# COVID-19

## Health Declaration

**1. Do you have any of the following symptoms: fever, new or existing dry cough, difficulty breathing, fatigue and loss of taste or smell?**

**YES or NO**

**2. Have you or any other household member had close contact with a with a confirmed or probable COVID-19 case?**

**YES or NO**

**3. Have you traveled to any countries outside Canada within the last 14 days?**

**YES or NO**

**If you answered YES to any of the above questions, you are NOT permitted to participate in any USask Rec programming.**

**USask Rec and the College of Kinesiology take the health and safety of our staff and members very seriously. Thank you for helping us keep our campus safe!**