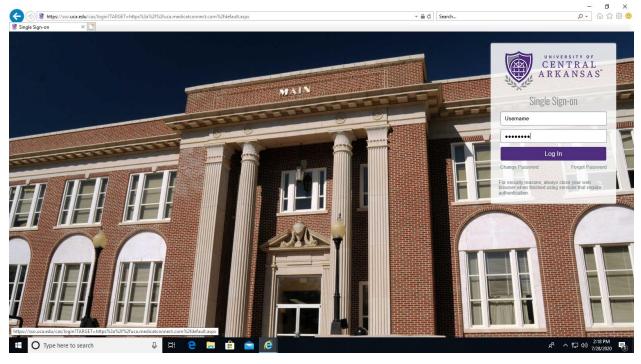
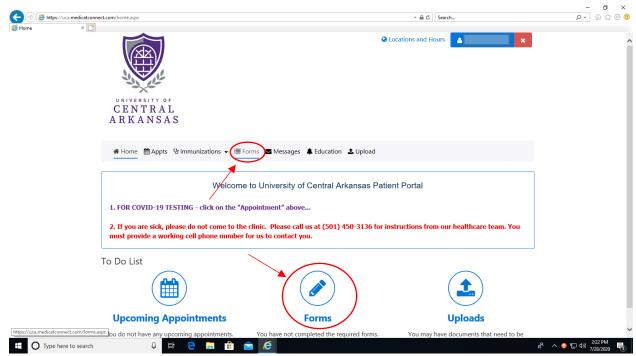
Isolation Contract Instructions

Go to <u>uca.medicatconnect.com</u>. (Or go to <u>www.uca.edu</u> > Student Health > Appointments/Patient Portal.)

2. Log in with your MyUCA username and password.



3. Click on Forms.



Isolation Contract Instructions

4. Scroll down. Under N/A click on Isolation Housing Contract.

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ы × [appointment. COVID-19 (Coronavirus) Screening (Required Form)* Please complete no more than 24 hours in advance of your appointment. If you do not fill out the form, you will not be see COVID-19 (Coronavirus) Screening (Required Form)* Please complete no more than 24 hours prior to your appointment. If you do not complete form, you will not be seen. COVID-19 Testing Questionairre (Required for test)* Complete the required COVID-19 Questionairre. This form must be completed before we can order your test.	seen.	
	N/A Carmichael Quarantine Contract Only complete this form if you are currently or will be in quarantine at Carmichael Hall. GYN History - Subjective* Please complete form before your appointment.		
	Isolation Housing Contract Only complete this form if you are currently or will be in isolation at student housing. UCA		
	UCA		

- 5. Read the contract.
- 6. At the bottom, click on the drop down arrow, and choose "Yes, I agree."
- 7. Click the blue **Submit** button.

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🥌 Template Note 🛛 🗙 📑	× 🖸 the Arkansas Department Health. I also agree to talk with the UCA staff when they call or text me.			^
	I will also fully cooperate with the Arkansas Department of Health and to communicate with them on a regular basis if they request it.			
	I will cooperate with the UCA Student Health Clinic team to treat my symptoms of COVID-19 during regular clinic hours.			
	> If my symptoms worsen during regular student health clinic hours, I will call them at (501) 450-3136 to notify them.			
	> If my condition deteriorates after hours and I develop symptoms such as difficulty breathing, uncontrolled			
	nausea/vomiting, unusual weakness or confusion, or any other symptoms that rapidly worsen, I will call the UCA PD at (501) 450-3111 and they will arrange for ambulance transportation to the local emergency room. I			
	will also mention to the UCA PD that I have COVID-19.			
	I will remain within my assigned housing until my period of isolation is completed and will not go outside the			
	building except to use predesignated areas approved by the university during my isolation.			
	I will not invite visitors into my building or onto the property while I'm in isolation. The only exception is to			
	allow someone to drop off medicines or personal items to me outside of the building (when possible) without allowing them to stay and visit.			
	I will wear a facial covering at all times and will attempt to remain 6 feet away when UCA staff has to enter my			
	building. Such instances may include a healthcare worker, maintenance personnel, food service worker, etc.			
6.	I acknowledge that failing to comply with the above requirements could result in my being asked to leave			
\sim	UCA housing for the completion of my isolation somewhere else off campus.			
	By signing below, you are agreeing to the terms and conditions of the contract. *			
7	Yes, I agree.*			
/	Submit			~
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You're done!