

Quarantine Contract

I acknowledge that I am being placed in UCA housing to complete the 7-10 day quarantine required by the Arkansas Department of Health. By doing so, I agree to the following:

- I will remain within my assigned housing until quarantine is completed and I will not go outside the building except to use predesignated areas approved by the university during my quarantine and for organized and supervised activities planned specifically for my quarantine.
- I will not invite visitors into the building and or onto the property and I will not invite anyone into my room.
- I will only use the bathroom specifically designated for my use during my quarantine. I will use disinfecting wipes to clean the commonly touched areas in the bathroom before using it. I will also remove all of my personal items each time I use the bathroom. (There may be instances where you may have to share a bathroom.)
- I will wear a facial covering at all times while in quarantine with the following exceptions:
 - I can remove my facial covering in my own room when I'm alone
 - I can remove my facial covering when I am the bathroom alone.
 - I can remove my facial covering when outside as long as I remain at least 6 feet away from others.
 - I can remove my facial covering for organized and supervised activities planned specifically for my quarantine by UCA as long as I can remain at least 6 feet away from others.
- I will practice social distancing by remaining at least 6 feet away from everyone who is also quarantined in my area as much as possible.
- I will wash my hands or will use an alcohol-based hand sanitizer often.
- I will not share personal items such as dishes, cups, forks, spoons, towels, etc.
- I will check myself for fever twice a day and will write it down in the temperature log provided.
- If my symptoms worsen during SHC's regular clinic hours, I will call them at 501-450-3136 to notify them or email them at COVID19@UCA.EDU if it is not urgent.
- If my condition deteriorates SHC's is closed 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 UCAPD at 501-450-3111 and they will arrange for ambulance transportation to the local emergency room. I will mention to UCAPD that I am in quarantine.
- I acknowledge that failing to comply with the above requirements could result in my being asked to leave UCA housing for the completion of my quarantine somewhere else off campus.

Signature

Date