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UNIVERSITY OF GEORGIA

Emergency Preparedness

Emergency Assistance Referral Form for Faculty, Staff, and Visitors with a Disability

To be more effective in an emergency evacuation, the University desires to identify and support those faculty, staff, and visitors with a disability who need assistance to evacuate safely. If you are a person with a disability, even if you have not otherwise self-identified or asked for an accommodation, the University requests that you complete this form if you would like assistance developing a personal emergency plan. Personal emergency plans do not replace nor create accommodations under the Americans with Disabilities Act (ADA).

Please complete the applicable sections and return a copy to the Office of Emergency Preparedness (OEP), Hodgson Oil Building, 286 Oconee Street, Suite 200 S, Athens, Georgia 30602 or prepare@uga.edu. OEP will only use the information to assist you in developing an emergency plan. It will not be stored in your personnel record.

General Information

Name: _____ Dept: _____

Job Title: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Work Location: _____

Functional Limitation (check all that apply)

Mobility ☐ Auditory ☐ Visual ☐ Other ☐

*****Please complete each section that applies to you *****

Mobility

1. What, if any, mobility devices do you use? Wheelchair ☐ Scooter ☐ Cane or crutches ☐
   Other: _____
2. Do you have a functional limitation with: Using stairs ☐ Opening doors ☐ Stamina/distance ☐
   Other: _____
   Please explain: _____
3. Do you use a service animal? Yes ☐ No ☐
4. During the normal day, if an emergency evacuation were to occur, would you be able to physically evacuate from your work location without assistance? Yes ☐ No ☐

Auditory

1. Do you use hearing assistance devices during the day? Yes ☐ No ☐
   If yes, please describe _____

2. During a normal day, if an emergency were to occur, would you be able to hear the alarm and evacuate without assistance or special notification? Yes ☐ No ☐

   If no, please describe the type(s) of assistance or notification that would be necessary:

   _____

Visual

1. Does your visual impairment prohibit or hinder your evacuation during an emergency? Yes ☐ No ☐
2. Do you use a cane or guide dog that helps you with travel throughout the day? Yes ☐ No ☐

Other (e.g. anxiety, psychiatric disorder, asthma, seizure disorder)

What are your concerns about evacuating in an emergency? _____

_____

I hereby give permission for the UGA Office of Emergency Preparedness and the Equal Opportunity Office, if needed, to notify my supervisor, Building Safety and Security Representative(s), and Emergency Responders with regard to a specific assistance plan to be used during an emergency evacuation.

This form was completed by: _____

Date: _____

*****The following information to be completed by the Office of Emergency Preparedness*****

Date sent to OEP: _____ Date Faculty/Staff Interviewed: _____

Emergency Procedures:

Voluntary Emergency Assistants: _____ Contacted: _____

_____ Contacted: _____

_____ Contacted: _____

_____ Contacted: _____

_____ Contacted: _____

_____ Contacted: _____