

Emergency Evacuation Referral Form for Students with a Disability

To be more effective in an emergency evacuation, the University desires to identify and support those students 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 student record.

General Information

Name:	Class Year:	
Cell Ph	one: Email:	
Reside	nce Hall: Campus: Athens Gwinnett Griffin Tifton Other	
	Functional Limitation (check all that apply)	
	Mobility □ Auditory □ Visual □ Other □	
Mobili	***Please complete each section that applies to you *** tv	
1.	What, if any, mobility devices do you use? Wheelchair □ Scooter □ Cane or crutches □ Other:	
2.	2. Do you have a functional limitation with: Using stairs \Box Opening doors \Box Stamina/distance \Box	
	Other:	
	Please explain:	
3.		
4.	During the normal day, if an emergency evacuation were to occur, would you be able to physically evacuate from your building without assistance? Yes \Box No \Box	
Audito	ry	
1.	Do you use hearing assistance devices during the day? Yes \Box No \Box 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 \square No \square	

Visual			
1. Does your visual impairment prohib	bit or hinder your evacuation during an emergency? Yes \Box No \Box		
2. Do you use a cane or guide dog that helps you with travel throughout the day? Yes \square No \square Other (e.g. anxiety, psychiatric disorder, asthma, seizure disorder)			
			What are your concerns about evacuating in
Center, if needed, to notify Univer	Office of Emergency Preparedness and the UGA Disability Resource rsity Housing, Building Safety and Security Representative(s), and a specific assistance plan to be used during an emergency evacuation.		
This form was completed by:			
	Date:		
The following information	n to be completed by the Office of Emergency Preparedness		
Date sent to OEP:	Date Student Interviewed:		
Evacuation Procedure:			
Voluntary Emergency Assistants:	Contacted:		
	Contacted:		

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