

Emergency Evacuation Referral Form for Students with a Disability

To be effective in the event of an emergency evacuation, the University desires to be able to identify and support those students with a disability who need assistance in order to evacuate safely in time of need. 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 feel you need assistance in evacuating during an emergency.

Please complete the applicable sections of this form and return a copy via regular mail, email or fax to the Office of Emergency Preparedness (OEP), Hodgson Oil Building, 286 Oconee Street, Suite 200 S, Athens, Georgia 30602 - prepare@uga.edu - fax number 706-542-4664. The requested information will be kept on file by OEP, will not be kept in your student records, and will be used only to develop an emergency plan for you.

General Information

Name: _____ Class Year: _____ Cell Phone: _____ Email: _____ Residence Hall: Campus: Athens Gwinnett Griffin Tifton Other **Functional Limitation** (check all that apply) Mobility Auditory Visual Other ***Please complete each section that applies to you *** Mobility Wheelchair \Box Scooter \Box Cane or crutches \Box 1. What, if any, mobility devices do you use? 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 \Box No \Box 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 🗌 🛛 No 🗌 Auditory 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 \Box No \Box

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 \Box No \Box
- 2. Do you use a cane or guide dog that helps you with travel throughout the day? Yes \Box No \Box

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 UGA Disability Resource Center, if needed, to notify University Housing, Building Safety and Security Representative(s), and Emergency Responders in regards 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 Student Interviewed: _____

Evacuation Procedure:

Voluntary Emergency Assistants:	Contacted:
	Contacted:
	Contacted:
	Contacted:
	Contacted:
	Contacted: