



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

To be effective in the event of an emergency situation, the University desires to be able to identify and support those faculty, staff, and visitors with a disability who need assistance during an emergency. 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 the event of 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 personnel file, and will be used only to develop an emergency plan for you.

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 _____

