

## 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 - <a href="mailto:prepare@uga.edu">prepare@uga.edu</a> - 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:   | T  |                     | Dept:  |
|---------|--|---------------------|--|
| Job Tit | :le: \   | Work Phone:         | Cell Phone:  |
| Email:  | -  |                     |  |
| Superv  | visor's Name:  |                     | Supervisor's Phone:  |
| Work I  | Location:  |                     | _  |
|         | Fu   | unctional Limitatio | on (check all that apply)  |
|         |  |                     | $'$ $\square$ Visual $\square$ Other $\square$                             |
| Mobili  |  | e complete each s   | section that applies to you ***  |
| 1.      | •  | •                   | eelchair  Scooter  Cane or crutches  |
| 2.      | •  |                     | g stairs □ Opening doors □ Stamina/distance □                              |
|         |  |                     |  |
| 3.      | Do you use a service animal? Yes                                 |                     |  |
| 4.      | During the normal day, if an eme from your work location without | •                   | n were to occur, would you be able to physically evacuate $\Box$ No $\Box$ |
| Audito  | ory  |                     |  |
| 1.      | Do you use hearing assistance de If yes, please describe         | _                   | ay? Yes □ No □   |
|         |  |                     |  |

| 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 $\square$ If no, please describe the type(s) of assistance or notification that would be necessary: |   |  |  |  |
|---------|---|---|--|--|--|
|         |   |   |  |  |  |
| Visual  |   |   |  |  |  |
| 1.      | L. Does your visual impairment prohibit or hinder your evacuation during an emergency? Yes $\Box$ No $\Box$   |   |  |  |  |
| 2.      | 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, ast  | hma, seizure disorder)  |  |  |  |
| What a  | are your concerns about evacuating in   | an emergency?   |  |  |  |
|         | Office, if needed, to notify my supervious Responders with regard to a speci  | GA Office of Emergency Preparedness and the Equal Opportunity sor, Building Safety and Security Representative(s), and Emergency fic assistance plan to be used during an emergency evacuation. |  |  |  |
| inis to | orm was completed by:   |   |  |  |  |
|         | Date:   |   |  |  |  |
|         | ***The following information  | to be completed by the Office of Emergency Preparedness***  |  |  |  |
| Date se | ent to OEP:   | Date Faculty/Staff Interviewed:   |  |  |  |
| Emerg   | ency Procedures:  |   |  |  |  |
|         |   |   |  |  |  |
|         |   |   |  |  |  |
|         |   |   |  |  |  |
|         |   |   |  |  |  |
| Volunt  | cary Emergency Assistants:  | Contacted:  |  |  |  |
|         |   | Contacted:  |  |  |  |
|         |   | Contacted:  |  |  |  |
|         | ·   | Contacted:  |  |  |  |
|         |   | Contacted:  |  |  |  |
|         |   | Contacted:  |  |  |  |