



Voluntary Self-Identification for Persons with Disabilities
Self-Evaluation Sheet- This Page for Personal Use, Submit Next Page ONLY

In an effort to strengthen evacuation preparedness at _____ management is requesting all employees and volunteers that may need special assistance to voluntarily self-identify so that arrangements can be made to meet those needs in the event of any evacuation.

Consider the following as a self-evaluation to determine whether you will need assistance in an emergency evacuation:

Yes ___ No ___ Limitations that interfere with walking or using stairs (joint pain, mobility device user i.e. wheelchair, cane, crutches, walker).

Yes ___ No ___ Reduced stamina, fatigue or tires easily (due to a variety of temporary or permanent conditions not limited to those on this list).

Yes ___ No ___ Respiratory (cardiac [heart] conditions, asthma, emphysema, or other symptoms triggered by stress, exertion, or exposure to small amounts of dust or smoke, etc.).

Yes ___ No ___ Emotional, cognitive thinking or learning difficulties (may become confused when dealing with unfamiliar and unusual activity during an emergency, lose sense of direction, or may need emergency directions explained in simple steps or basic concepts).

Yes ___ No ___ Vision loss (may require assistance in learning the emergency evacuation routes or assistance in moving down stairs).

Yes ___ No ___ Hearing loss (may require modification to the standard notification method, emergency announcements, notifications and instructions are provided).

Yes ___ No ___ Temporary limitations resulting from, but not limited to:

Surgery

Accidents and injuries (sprains, broken bones)

Pregnancy

Yes ___ No ___ Do you rely on technology or medication which may not work in an emergency (hearing aids, wheelchair, gas mask, elevator, lighting, sounds)?

If you answered yes to any of the above, please complete the following voluntary Self-Identification for Persons with Disabilities and send to _____ t. Please **do not send the questionnaire, but only the Self-Identification form**. In addition, all employees should review the Emergency Response and Evacuation Plan.



Voluntary Self-Identification for Persons with Disabilities
Confidential for Evacuation Purposes

Name: First _____ Last _____

Classification:

_____ Full time Employee

_____ Part Time Non-Eligible

Student

Volunteer

Phone Number: _____

Email: _____

Building: _____

Department: _____

Floor/Office Location: _____

Complete the following:

Employee's Supervisor: _____

Supervisor's Phone Number: _____

Description:

Please describe the type of assistance you may need during an evacuation. Do NOT provide medical details.