FOR HEARING IMPAIRMENTS

In an emergency, I should be alerted by (check all possible options):

☐ Visual alarms, if building is equipped.
☐ Physical contact.
☐ Turning the lights on and off (flashing lights).
☐ A written note explaining the emergency.
☐ Gestures that indicate what is happening and what to do.
☐ Other: ________________________________________________

To get to safety, I would need (check all possible options):

☐ A volunteer to escort and guide me to the nearest evacuation route.
☐ A volunteer to relay verbal instructions being given through gesture or written note.
☐ A volunteer to relay environmental warnings and dangers.
☐ Other: ________________________________________________

Comments: ________________________________________________
FOR MOBILITY IMPAIRMENTS

From a first-floor location in an emergency, I should be assisted by (check all possible options):

☐ A volunteer to push my manual wheelchair.
☐ A volunteer to clear any obstacles obstructing my path to the nearest evacuation route.
☐ A volunteer to provide assistance while walking or running.
☐ A volunteer to assist opening doors.
☐ A volunteer to push me in a chair on roller-wheels.
☐ Two volunteers to carry me in locked-arm position.
☐ A team if two or three volunteers to carry me in a sturdy chair, preferably one with arms.
☐ Other:  

________________________________________________________________________

________________________________________________________________________

Comments:  

________________________________________________________________________

________________________________________________________________________

From an upper-floor, in an emergency, I should be assisted by (check all possible options):

- Ambulatory:
  ☐ Volunteers to assist me using the stairs, # of volunteers needed: ________
  ☐ Other:  

________________________________________________________________________

________________________________________________________________________

- Non-Ambulatory:
  ☐ Two volunteers to carry me in locked-arm position.
  ☐ If more than three flights, two relay teams of two or three volunteers to carry me in a sturdy chair, preferably one with arms.
  ☐ If more than three flights, two relay teams of two or three volunteers to carry me in my manual wheelchair.
  ☐ Other:  

________________________________________________________________________

________________________________________________________________________

- On a flight of stairs, I should be carried facing:
  ☐ Forward,
  ☐ Backward,
  ☐ If a seatbelt is available, I should be secured with the seat belt before transporting.
  ☐ To transfer me from my wheelchair, volunteers should (list instructions):

________________________________________________________________________

________________________________________________________________________

☐ Other:  

________________________________________________________________________

________________________________________________________________________

- After-Care Instructions (following the evacuation):

________________________________________________________________________

________________________________________________________________________
FOR VISION IMPAIRMENTS

In an emergency, I should be assisted by (check all possible options):

☐ An auditory alarm, if building is equipped.
☐ A description of the emergency (the nature of the emergency).
☐ Precise verbal instructions.
☐ A volunteer to guide me by my taking his or her elbow.
  Volunteers: give verbal warning of upcoming steps or other obstacles in the pathway.
☐ A volunteer to lead the way to the nearest evacuation route.
☐ Two volunteers to carry me in a locked-arm position or in a chair, if needed.
☐ If more than three flights of stairs, a relay team may be needed.
☐ Other: __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

After-Evacuation Instructions:

☐ Reorient me to the new location.
☐ Offer guidance and assistance as needed.
☐ Other: __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________