



Swarthmore College

Emergency Evacuation Referral Form
for Faculty and Staff with Disabilities

To be effective in the event of an emergency evacuation, the College must be able to identify and support those faculty and staff members 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 self-identified or asked for an accommodation, the College requests that you complete this form **if you feel you would need assistance in evacuating during an emergency.**

Please complete the applicable sections of this form and return it, in confidence, to benefits@swarthmore.edu. The requested information will be treated confidentially, will not be kept in your personnel file, and will be used only to develop an emergency evacuation plan for you.

General Information

Name: _____ Dept: _____

Job Title: _____ Extension: _____ Cell Phone: _____

Supervisor's Name: _____ Supervisor's Ext. _____

Work Location: _____.

Functional Limitation

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/crutches

Other: _____

2. Do you have a functional limitation with: __ Using stairs __ Opening doors __ Stamina/distance

Other: _____

Do you use a service animal? __ Yes __ No

If yes, please describe _____

3. During a normal day, if an emergency evacuation were to occur would you be able to evacuate the facility without assistance? __ Yes __ No

Auditory

1. Do you use hearing assistance devices during the day? Yes No

If yes, please describe _____

During a normal day, if an emergency evacuation were to occur, would you be able to hear the alarm and evacuate without assistance or special notification? Yes No

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 No

2. Do you use a cane or guide dog that helps you with travel throughout the day?

Yes No

Other (e.g. anxiety, psychiatric disorder, asthma, seizure disorder)

What are your concerns about evacuating in an emergency? _____

I hereby give permission for the Human Resources and the Public Safety Departments to notify, if needed, my supervisor or other work colleagues with regard to a specific assistance plan to be used during an emergency evacuation.

This form completed by: _____ Date _____

Date sent to Public Safety: _____ Date Faculty/Staff Interviewed: _____

Evacuation Procedure: _____

Faculty/Staff Providing Evacuation Assistance: _____ Contacted: _____
_____ Contacted: _____
_____ Contacted: _____