

Emergency Assistance Referral Form (EARF) for Faculty & Staff with a Disability

To ensure the safety of all faculty and staff during an emergency evacuation, we would like to identify and support anyone with a disability who may need additional assistance in order to evacuate safely. If you have a disability, even if you have not otherwise self-identified or asked for an accommodation, and feel you might need assistance evacuating during an emergency, please complete this form and return it to The Office of Risk Management & Compliance.

The form will be kept on file by the Office of Risk Management & Compliance only and will not be shared outside of this office. The information will only be used to develop an emergency plan for you.

If you have any questions, please contact: The Office of Risk Management & Compliance at (615) 460-6766, email: riskmanagement@belmont.edu

General Information

Name: _____

Work Extension: _____

Cell Phone: _____

Email: _____

Building: _____

Office 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

Auditory

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

If yes, please describe _____

2. If an emergency 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:

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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 Office of Risk Management & Compliance and the Human Resources Office, if needed, to notify my supervisor, Building Coordinator and Security Representative(s), and Emergency Responders with regards to a specific assistance plan to be used during an emergency evacuation.

This form was completed by: _____

Date: _____