EVACUATION FORM FOR PERSONS WITH DISABILITIES

The **Barbados Council for the Disabled** is continuing to develop its database of persons with disabilities across the country. This database would only be utilised by in the event of an emergency to assist with the timely and appropriate evacuation assistance required by each individual.

We are therefore seeking your support for this venture by completing this questionnaire. All information collected through this survey will be held in the strictest of confidence.

1. **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Contact Details: Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NB. Text Msgs. for Deaf.**

**E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Nature of disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   (please include: cancer, heart conditions, respiratory complications, etc.  
   Temporary  Permanent**
2. **What is your level of mobility?  
   Wheelchair User**  **Ability to self-transfer Yes**  **No**

**Use walking aids**  **Cane   
 Ambulatory**  **(ability to walk)**

1. **Name of guardian or next of kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_**
2. **Can you evacuate your home without emergency assistance?   
    Yes**  **No**
3. **Do you live alone? Yes**  **No**
4. **Are their persons who will need to be evacuated with you?  
    Yes**  **No**  **If yes, Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Which of the following would you prefer to be evacuated to:  
   Shelter**  **Relatives/Friends**  **(If relatives/friends, please specify contact details)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please list any special diet, medication or assistive devices you may be required to bring with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Any additional information:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**