



**MEDICAL ALERT INFORMATION
SELF-IDENTIFICATION FOR PERSONS WITH DISABILITIES QUESTIONNAIRE**

In an effort to strengthen Evacuation Preparedness in Hamburg Township, the Hamburg Township Fire Department (HTFD) is requesting all township residents that may need special assistance to voluntarily self-identify themselves so that arrangements can be made to meet those needs in the event of any emergency 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 moving down stairs).

Yes ___ No ___ Hearing loss/Difficulty Speaking (may require modification to the standard notification/communication method).

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

- Surgery
- Accidents and injuries (sprains, broken bones)
- Pregnancy
- Work Disability
- Diabetic w/medications

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

Yes ___ No ___ Allergies - Medications or Food allergies? (Please List)

If you answered yes to any of the above, please complete the following voluntary Self-Identification for Persons with Disabilities – Questionnaire and send to CONFIDENTIAL Clerk James Nielson’s Office, ADA Coordinator For At-Risk Management, P.O. BOX 157, Hamburg, Michigan 48139

Name – First:	Name – Last:

Date of Birth:	Phone Number:
Month: Day: Year:	

Email Address:	Location In Home Where You Spend The Most Time:

Emergency Contact Name	Relationship	Phone

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

I would like to thank you for taking the time to fill this form out. The HTFD is continuing to maintain the best emergency services available to our residents and neighbors. If you have any questions, please feel free to contact my office and or the township clerk’s office. - Fire Chief Mark Hogrebe