To better prepare emergency personnel and building staff in the event of an emergency relocation or evacuation at 55 Second, please list any employees in your company who have a disability or a temporary physical condition (i.e. pregnant, broken leg, etc.). If temporary, please provide an expected date of recovery. Thank you!

**This information will be used in emergency situations only and will remain confidential.**

|  |  |  |  |
| --- | --- | --- | --- |
| Company |       | Date |       |

This Information [ ]  Adds to [ ]  Supersedes previous information on file.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Employee Name* | *Floor* | *Office Location* | *Condition* | *Nature of Disability* |
|       |     |       | [ ] Permanent[ ] TemporaryRecovery Date:       |       |
|       |     |       | [ ] Permanent[ ] TemporaryRecovery Date:       |       |
|       |     |       | [ ] Permanent[ ] TemporaryRecovery Date:       |       |
|       |     |       | [ ] Permanent[ ] TemporaryRecovery Date:       |       |
|       |     |       | [ ] Permanent[ ] TemporaryRecovery Date:       |       |
|       |     |       | [ ] Permanent[ ] TemporaryRecovery Date:       |       |
|       |     |       | [ ] Permanent[ ] TemporaryRecovery Date:       |       |