Disabled Employee List

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 ☐Temporary Recovery Date:	
			☐Permanent ☐Temporary Recovery Date:	
			☐Permanent ☐Temporary Recovery Date:	
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