

C-MIST Form

IN THE EVENT OF AN EMERGENCY I WILL REQUIRE ASSISTANCE.

Please check the box(es) that applies to your limitations



COMMUNICATION

- Limited or no ability to hear verbal announcements
- Limited or no ability to see directional signage
- Limited or no ability to speak, read or understand English
- Reduced or no ability to speak, see or hear
- Limitations in learning and understanding



MEDICAL

- Operating power dependent equipment to sustain life
- Managing medications, IV therapy, tube feeds
- Dialysis, oxygen, suction
- Managing wounds, catheters, ostomies
- Managing chronic, terminal and/or contagious health conditions



INDEPENDENCE

- Mobility Aids
- Communications Aids
- Service Animals
- Medications
- Activities of daily living



SUPERVISION

- Dementia, Alzheimer's
- Depression
- Intense Anxiety
- Brain Injury
- Developmental disabilities
- Severe mental illness



TRANSPORTATION

- Cannot drive due to the following:
 - Disability
 - Age
 - Temporary Injury
 - Poverty
 - Addiction
 - No access to vehicle

To learn more about C-MIST, check out the BC Coalition of People with Disabilities website: www.bccpd.bc.ca/emergprep.htm