C-MIST Form

IN THE EVENT OF AN EMERGENCY I WILL REQUIRE ASSISTANCE.
P lease 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](http://www.bccpd.bc.ca/emergprep.htm)