



## Pre-Field Accommodations Survey

Version 06\_2024 Resources partially influenced from [State of Wisconsin DPM](#) in June 2024.

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Being in the field with a special need - whether medical, emotional, dietary, identity-based or other – can be intimidating before even leaving home. To minimize obstacles and anxiety from the outset, it is inclusive practice to provide an avenue for group members to frontload their needs and preferences to those who are managing the logistics of field life.

### Instructions

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Modify the form and edit below fields as you see fit to best meet the needs of your members and field season. Using a fit-for-purpose digital format such as a Google Form may facilitate survey distribution and collection of responses. Delete or modify [instructional lines in blue](#) for your final version.

It is important to include what the accommodation process will be like and/or state the realities of what can or cannot happen during your field season. If people fill out this form, are those accommodations immediately accepted? Is there a review process (i.e. ‘fill out this form and we’ll meet to see if we can discuss alternatives, or if the program is able to be accommodated in the ways you need’)? Be upfront with your team members about what can or cannot happen, and what the process will be in involving them in the field.

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## Accommodation Process

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State what the accommodation process is like for your program. State the realities of what is feasible for your field stint, what can and cannot be accommodated (Is the field site wheelchair accessible? Are there accessible restroom facilities? Is there power to charge a wheelchair or medical devices? Is there refrigeration for medications? Will dietary concerns be able to be handled in a cross-contamination safe way? Will tent/cabin numbers allow for accommodating everyone's sleeping preferences?). Perhaps state certain physical requirements of the field work (must be able to lift and carry 50 lbs, hike long distances without assistance, etc.).





## Accommodations Survey

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All information shared in this form will be kept confidential within the leadership team for the purposes of field logistics and planning. However, some medical information may be important to share with the larger team in the event of an incident – specifically what medication is being carried and may be required to treat a life-threatening allergic reaction or other medical incident (e.g., diabetic response).

Please initial in this box if you give the team leadership permission to share information with other team members about conditions or medication required in potentially time sensitive, life-threatening situations.

Contact Information
<b>Name:</b>
<b>Preferred contact for any necessary follow-up (email and/or phone):</b>





## Dietary Accommodations

List any of your food allergies (for each allergy noted, please indicate if any of your allergies require you to carry an epi-pen):

Do you have celiac's disease or need to avoid all gluten and cross contamination of it? (Circle to Indicate):

YES/ NO

Do you have any cultural dietary requirements? (please specify):

Do you have any other medical dietary requirements or intolerances? (please specify and note if cross-contamination is a concern):





## Dietary Accommodations Continued

List your dietary preferences (vegetarian, vegan, gluten-free, other):

Any other dietary concerns?:





## Sleeping Accommodations

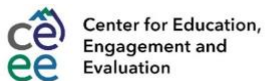
Do you have any accessibility needs in regards to sleeping accommodations? (please specify):

Do you have a gender preference for your roommate?:

(Circle to indicate): Are you EARLY/LATE to bed? Are you an EARLY/LATE riser? Or N/A?

(Circle to indicate): Are you a light sleeper?                      YES/ NO/ MODERATELY

Do you have any other sleeping accommodation concerns?:





## Medical Accommodations

List any other allergies not stated above (environmental/insect/medicinal) and please indicate if any of your allergies require you to carry an epi-pen:

Do you have any medical condition(s) or mental illness(es) that require any accommodations? (please specify):

Do you have any medications that require refrigeration or other special storage needs? (please specify):





## Other Accommodations

Do you require any other accommodations? (eg: transportation, communication, hearing, vision, seating, mobility, fine motor, activities of daily living, cognitive, religious, military, nursing/pumping, irritants or sensitivities) (please specify):

