SELF-IDENTIFICATION OF DISABILITY (see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI	Date of Birth (mm/yy)	Social Security Number	
			ENTER CODE HERE >
Definition:		Purpose:	
An Individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, 29 U.S.C. 701 et. seq., as amended.		Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self- identification is voluntary, your cooperation in providing accurate information is critical.	
Part I. Targeted/Severe Disabilities		Part II. Other Disabilities	
Hearing		Hearing Conditions	
18 - Total deafness in both ears (with or without understandable speech)		15 - Hearing impairment/hard of hearing	
Vision		Vision Conditions	
 21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception) 		22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)	
Missing Extremities		Physical Conditions	
 Missing Extremities 30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs) Partial Paralysis 		 26 - Missing extremities (one hand or one foot) 40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.) 41 - Spinal abnormalities (e.g., spina bifida, scoliosis) 44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51 - HIV Positive/AIDS 	
69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)		 52 - Morbid obesity 51 - Partial paralysis of one hand, arm, foot, leg, or any part thereof 70 - Complete paralysis of one hand 80 - Cardiovascular/heart disease with or without restriction or limitation or activity; a history of heart problems w/complete recovery 83 - Blood diseases (e.g., sickle cell anemia, hemophilia) 	
Complete Paralysis		84 - Diabetes 86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma,	
79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts		emphysema, etc.) 87 - Kidney dysfunction (e.g. 88 - Cancer (present or pas 93 - Disfigurement of face, or gunshot wounds) at 95 - Gastrointestinal disord	g., required dialysis) st history) hands, or feet (such as those caused by burns nd noticeable gross facial birthmarks ers (e.g., Crohn's Disease, irritable bowel
Other Impairments 82 - Epilepsy		syndrome, colitis, celiac disease, dysphexia, etc.) 98 - History of alcoholism	
90 - Severe intellectual disability		Speech/Language/Lea	rning Conditions
91 - Psychiatric disability 92 - Dwarfism		13 - Speech impairment - ir	ncludes impairments of articulation (unclear ency (stuttering), voice (with normal hearing),
		94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)	
		Other Options	
		01 - I do not wish to identify the next page.) (Note:	y my disability status. (Please read the notes or Your personnel officer may use this code if, in ou used an incorrect code.) ty.
		06 - I have a disability, but	it is not listed on this form.