

# Job Related Disabilities Identification and Accommodations Request

Name \* \_\_\_\_\_

Position \* \_\_\_\_\_

The following disabilities that may limit my satisfactory performance of essential job tasks are known as of this date:

Disability	Describe in Detail	Accommodation Needed & Requested
1. Visual (eyes)		
2. Muscular (Limbs/Back)		
3. Heart		
4. Vascular (Veins, Arteries, Blood Pressure)		
5. Mental		
6. Neurological (Nerves, Epileptic, etc.)		
7. Diabetic		
8. Speech		
9. Respiratory		
10. Auditory (Hearing)		
11. Nasal (Sinus, etc.)		
12. Skin		
13. Cancer		
14. AIDS		

Disability	Describe in Detail	Accommodation Needed & Requested
15. Addiction (Tobacco, Drugs, Alcohol)		
16. Communicable Disease		

Submitted By \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

*The above CONFIDENTIAL INFORMATION is for use only by the Submitter, Supervisor, Program Director, Chief Executive Officer, and authorized governmental representatives.*