

TO THE EMPLOYEE:

Please read the following information before reviewing the codes on the reverse of this form and completing the disability status code below.

Why You Should Report: Self-identification of a disability is essential for effective data collection and analysis. The information on this form will be used to produce reports that show USPS® progress in hiring, placing, and advancing disabled employees. Self identification is voluntary with the exception of individuals hired under a special authority for the hiring of individuals with disabilities. Your cooperation in providing this information is essential for accurate reports.

What to Report: A reportable disability is a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning) or a record of such impairment.

How to Report: On the reverse of this form, circle a code that best describes your reportable disability, or that indicates you do not have a reportable disability, or that indicates you do not wish to identify your disability status. If you have more than one reportable disability, circle the code for the one that is most disabling. Next, enter the two digit code you circled in the box provided below. You may use this form at any time to report changes to your disability status.

Use of this Information: The information you provide will be used only to prepare aggregate statistics and not for any purpose that will affect you individually. The information is not provided to your supervisor. Reporting a disability on this form is not a request for reasonable accommodation under the Rehabilitation Act. Also see the Privacy Act Statement below.

PRIVACY ACT STATEMENT: Your information will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of disabled individuals; to locate individuals for voluntary participation in surveys, and for affirmative employment purposes. Collection is authorized by 39 U.S.C. 401, 410, 1001, and 1005.

Providing the information is voluntary, but if not provided, a code will be noted which indicates an individual does not wish to have disability status officially recorded. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the US Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local, or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

Name (Last, First, MI)	SSN/EIN	Date
Employing Office	Enter Applicable Disability Status Code From the Reverse Of the Form In This Space (Enter only one code in this space)	

IMPORTANT NOTE TO HR PROFESSIONALS:

*This form contains restricted information. After the disability status code is entered into the employee's master file, **destroy** this form.*

DISABILITY STATUS CODES (circle one)

01 - I do not wish to identify my disability status.

05 - I do not have a reportable disability.

06 - I have a reportable disability but it is not listed on this form.

SPEECH IMPAIRMENTS

13 - Severe speech malfunction or inability to speak; hearing is normal (examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the voice box])

HEARING IMPAIRMENTS

15 - Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)

16 - Total deafness in both ears, with understandable speech

17 - Total deafness in both ears, and unable to speak clearly

VISION IMPAIRMENTS

22 - Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected – “tunnel vision”)

23 - Inability to read ordinary size print, not correctable by glasses (can read oversized print or use assisting devices such as glass or projector modifier)

24 - Blind in one eye

25 - Blind in both eyes (no usable vision, but may have some perception of light)

MISSING EXTREMITIES

27 - One hand

28 - One arm

29 - One foot

32 - One leg

33 - Both hands or arms

34 - Both feet or legs

35 - One hand or arm and one foot or leg

36 - One hand or arm and both feet or legs

37 - Both hands or arms and one foot or leg

38 - Both hands or arms and both feet or legs

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

44 - One or both hands

48 - Hip or pelvis

45 - One or both feet

49 - Back

46 - One or both arms

57 - Any combination of two or more parts of the body

47 - One or both legs

PARALYSIS**PARTIAL PARALYSIS**

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or of trunk)

61 - One hand

66 - Both arms, any part

62 - One arm, any part

67 - One side of body, including one arm and leg

63 - One leg, any part

68 - Three or more major parts of the body (arms and legs)

64 - Both hands

65 - Both legs, any part

COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk)

70 - One hand

76 - Lower half of body, including legs

71 - Both hands

77 - One side of body, including one arm and one leg

72 - One arm

78 - Three or more major parts of the body (arms and legs)

73 - Both arms

74 - One leg

75 - Both legs

OTHER IMPAIRMENTS

80 - Heart disease with no restriction or limitation of activity (history of heart problems with complete recovery)

81 - Heart disease with restriction or limitation of activity

82 - Convulsive disorder (e.g., epilepsy)

83 - Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)

84 - Diabetes

86 - Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)

87 - Kidney dysfunctioning (e.g., dialysis use of an artificial kidney machine is required)

88 - Cancer – a history of cancer with complete recovery

89 - Cancer – undergoing surgical and/or medical treatment

90 - Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency)

91 - Mental or emotional illness (a history of treatment for mental or emotional problems)

92 - Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back], etc.)

93 - Disfigurement of face, hands, or feet (e.g., distortion of features on skin such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])

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)