

# The Florida State University Disabilities Reporting Form

To satisfy Board of Trustees reporting requirements and to better serve qualified individuals with disabilities, The Florida State University asks that employees voluntarily provide the following information. This information will be maintained as confidential and will only be disclosed as allowed by state and federal law. (Submit this signed form with appointment papers for all new employees, Faculty, A&P, USPS and OPS. It may also be used to notify Personnel Services' Americans with Disabilities Office of a current employee' disability.)

If you have any impairment(s) that substantially limits one or more life function(s). Please circle the letter that best describes the impairment(s).

- A. Absence or Amputation of major or Minor Members
- B. Blood Serum Disorders and/or Diseases of the Blood and Blood Forming Organs
- C. Cardiovascular and/or Circulatory Conditions
- D. Other Disabling Conditions
- H. Hearing Impairments
- M. Neuromuscular Disorders
- N. None
- O. Orthopedic Deformity of Functional Impairment
- P. Mental or Neuropsychotic Impairment
- R. Respiratory Distress
- S. Speech Impairments
- U. Neurological Disorders
- V. Visual Impairments (20/200 Non-Correctable)
- X. Other Specified Impairments of the Nervous System
- Z. No response or Unknown

**Please briefly describe any circled response:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Name (Printed or Typed) Date

\_\_\_\_\_  
Social Security Number Class Title Department

\_\_\_\_\_  
Supervisor's Signature Date