

**UNIVERSITY OF VIRGINIA EMPLOYEE'S
VOLUNTARY CERTIFICATION OF DISABILITY
AND/OR VETERAN'S STATUS FORM**

The University of Virginia is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. In an effort to meet its affirmative action, nondiscrimination objectives, and in order to comply with federal and state laws, regulations and guidelines, you are urged to complete this form by providing the information requested below. Please note that provision of this information is voluntary. If provided, this information will be handled confidentially except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled persons and regarding restrictions on the work or duties of disabled persons and regarding necessary accommodations. First aid personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment. Failure to provide this information will not subject you to any adverse treatment. Please print or write clearly.

NAME _____ SS# _____
Last first middle

A. Are you disabled? 1. Yes 2. No

Disability means any person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. Please specify your disability (using the disability codes on the reverse page if necessary). Any information you could provide to assist us in assessing and accommodating your needs as a University employee would be appreciated. You may provide the information below and/or on attached pages.

B. Are you a veteran? 1. Yes 2. No

C. Are you a Vietnam-era Veteran? 1. Yes 2. No

A Vietnam-era Veteran is any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at least 181 consecutive days, or who was discharged sooner because of a service-related disability.

D. Have you been determined to be a "special disabled veteran"? 1. Yes No

(See Reverse Side)

DISABILITY CODES:

- 100 – Blindness, both eyes
- 110 – Blindness, both eyes (some correction)
- 120 – Blindness, one eye
- 140 – Other visual impairment
- 200 – Deafness, unable to talk
- 210 – Deafness, able to talk
- 220 – Other hearing impairment
- 300 – Impairment involving three or more (major) limbs
- 310 – Impairment involving one upper, one lower limb
- 320 – Impairment involving one or two upper limbs
- 330 – Impairment involving one or two lower limbs
- 340 – Other and ill-defined impairments
- 400 – Amputation of at least one upper and one lower limb
- 410 – Amputation of one or two upper limbs
- 420 – Amputation of one or two lower limbs
- 430 – Amputation of other and unspecified parts
- 500 – Other mental, psychoneurotic and personality disorders
- 520 – Alcoholism
- 521 – Drug addiction
- 530 – Mental retardation – mild
- 532 – Mental retardation – moderate
- 534 – Mental retardation – severe
- 600 – Malignancies
- 610 – Allergies
- 620 -- Diseases of the blood
- 630 – Epilepsy
- 640 – Cardiac, circulatory and respiratory
- 650 – Digestive and uro-genital
- 660 – Speech impairment
- 670 – Other
- 700 – Multiple disabilities