

### SELF-IDENTIFICATION OF DISABILITY SURVEY

State and federal legislation prohibit discrimination against individuals with disabilities and requires employers to provide reasonable accommodations to the known disability of a qualified employee. As part of the Department of Labor, Licensing and Regulation's (DLLR) Equal Opportunity Program, DLLR is inviting employees to complete this Self Identification of Disability Survey form. Although this information is voluntary, we encourage all employees to participate. This information will be maintained confidentially and apart from employees' personnel files; and will be used for statistical and required affirmative action and reasonable accommodation purposes ONLY.

1. Name: \_\_\_\_\_

2. Classification: \_\_\_\_\_ 3.  Permanent  Contractual

4. Unit/Location: \_\_\_\_\_

5. Race/Ethnic Identification - *Please check all that apply:*

Are you of Hispanic or Latin origin?  Yes  No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

American Indian or Alaska Native  Black or African American

Asian  Native Hawaiian or other Pacific Islander  White

6. Sex:  Female  Male

7. Self-Identification:

- a.  Based on the definitions on the back of this sheet, it appears that I am an individual with a disability.
- b.  Based on the definitions on the back of this sheet, it appears that I am not an individual with a disability.
- c.  Regardless of whether or not I have a disability, I do not wish to participate, and no conclusion can be drawn based on my failure to participate.

8. Do your current working conditions need to be adjusted due to your disability?  Yes  No

If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Who, if anyone, at your employment site, is aware of your disability? \_\_\_\_\_

10. Do you need assistance during an emergency evacuation due to your disability?  Yes  No

If yes, describe the type of assistance you anticipate needing? \_\_\_\_\_

\_\_\_\_\_

11. Additional comments or information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Americans with Disabilities Act (ADA) defines disability, with respect to an individual, as (A) a physical or mental impairment that substantially limits one or more major life activities; (B) a record of such an impairment; (C) being regarded as having such an impairment.

## **GENERAL LISTING AND DEFINITIONS OF SOME FREQUENT DISABILITIES**

(This list is not all inclusive and merely suggests some categories which may be considered disabilities.)

<b>Speech disabilities</b>	severe speech malfunctions or inability to speak with normal hearing; examples: defects of articulation, stuttering, aphasia, laryngectomy.
<b>Deaf or Hard of Hearing</b>	inability to hear ordinary conversation, correctable by hearing aid; <b>or</b> total deafness in one or both ears with or without ability to speak clearly.
<b>Blind</b>	loss of peripheral vision (“tunnel vision”) or inability to read ordinary print, not correctable by glasses, or blindness in one or both eyes.
<b>Absences of extremities</b>	missing one or more of the hands, arms, feet or legs.
<b>Nonparalytic orthopedic disabilities</b>	chronic pain, stiffness or weakness in one or more extremities, hip, pelvis or back or any combination of two or more parts of the body.
<b>Partial paralysis</b>	loss of ability to move or use one or more parts of the body including legs, arms and/or trunk or one side of the body.
<b>Complete paralysis</b>	complete loss of ability to move or use one or more parts of the body.
<b>Other disabilities</b>	heart disease, convulsive disorders, blood disease, diabetes, pulmonary or respiratory disorders, kidney dysfunction, cancer, mental retardation, mental or emotional illness, severe distortion of limbs or spine, disfigurement of face, hands or feet, alcohol or drug addiction.

**NOTE:** INDIVIDUALS WHO ARE REQUESTING AN ACCOMMODATION SHOULD SUBMIT TO DLLR’S OFFICE OF FAIR PRACTICES, A REQUEST FOR REASONABLE ACCOMMODATION ALONG WITH MEDICAL DOCUMENTATION. THE MEDICAL DOCUMENTATION SHOULD IDENTIFY THE RECOMMENDED ACCOMMODATION. NO DETERMINATIONS/GUARANTEES ARE HEREIN MADE OR EXPRESSED BY DLLR TO INDIVIDUALS THAT COMPLETE FORM DLLR/OEOPE 122.

<b>MAIL FORM TO:</b> <b>Office of Fair Practices 1100 North Eutaw Street, Room 613 Baltimore, Maryland 21201</b>
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