

## SELF-IDENTIFICATION OF HANDICAPPING CONDITION

<b>A</b>	LAST NAME	<b>B</b>	BIRTH DATE (mo/yr)	<b>C</b>	SSN

ENTER CODE HERE →

<b>D</b>	

**DEFINITION OF A REPORTABLE DISABILITY:**

A physical or mental disability is NOT determined by a person's ability to perform his or her work but by a disability, or a history of such disability, which is likely to cause difficulty in obtaining, maintaining or advancing in employment. This does not apply solely to a person's current position, but applies to the total career life cycle of that person. (In case of multiple disabilities, choose the code which describes the impairment that would most likely result in such difficulties).

**GENERAL CODES**

I do not wish to provide this information. <i>Before using this code, please read the reverse side of this form, which explains the purpose for collecting this information.</i>	01
I have no disability of the types listed in the codes below	04

**SPEECH IMPAIRMENTS**

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))	13
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**HEARING IMPAIRMENTS**

<i>Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)</i>	Code	Total deafness in both ears, with understandable speech	16
	15	Total deafness in both ears, and unable to speak clearly	17

**VISION IMPAIRMENTS**

<i>Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent mobility is affected—"Tunnel vision")</i>	Code	Inability to read ordinary size print, not correctable by glasses (can read oversized print or use assisting devices such as glass or projector modifier)	23
	22	Blind in one eye	24
		Blind in both eyes (No usable vision, but may have some light perception)	25

**MISSING EXTREMITIES**

	Code		
One hand	27	One leg	32
One arm	28	Both hands or arms	33
One foot	29	Both feet or legs	34
		One hand or arm and one foot or leg	35
		One hand or arm and both feet or legs	36
		Both hands or arms and one foot or leg	37
		Both hands or arms and both feet or legs	38

**NONPARALYTIC ORTHOPEDIC IMPAIRMENTS**

<i>(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.)</i>		One or both arms	46
		One or both legs	47
		Hip or pelvis	48
One or both hands	44	Back	49
One or both feet	45	Any combination of two or more parts of the body	57

**PARTIAL PARALYSIS**

<i>(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 trunk.)</i>		One leg, any part	63
		Both hands	64
		Both legs, any part	65
		Both arms, any part	66
One hand	61	One side of body, including one arm and one leg	67
One arm, any part	62	Three or more major parts of the body (arms and legs)	68

**COMPLETE PARALYSIS**

<i>(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 trunk.)</i>		Both arms	73
		One leg	74
		Both legs	75
One hand	70	Lower half of body including legs	76
Both hands	71	One side of body, including one arm and one leg	77
One arm	72	Three or more major parts of the body (arms and legs)	78

**OTHER IMPAIRMENTS**

Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)	80	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 under Section 213.3102(t) of Schedule A)	
Heart disease with restriction or limitation of activity	81		90
Convulsive disorder (e.g., epilepsy)	82		
Blood diseases (e.g., sickle cell disease, leukemia, hemophilia)	83	Mental or emotional illness (A history of treatment for mental or emotional problems)	91
Controlled diabetes with no restriction of activity	84		
Diabetes with limitation of activity due to complications such as retinitis, neuritis, etc.	85		
Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma, etc.)	86	Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis (severe distortion of back), etc.)	92
Kidney dysfunctioning (e.g., if dialysis (use of an artificial kidney machine) is required, etc.)	87		
Cancer—a history of cancer with complete recovery	88	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 birth marks, club feet), etc.)	93
Cancer—undergoing surgical and/or medical treatment	89		

<b>E</b>	<p><b>NARRATIVE</b> (You may provide more specific information on your handicapping condition, if you wish, e.g., multiple disabilities.)</p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>
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## WHO SHOULD COMPLETE

1. Applicants for positions with the U.S. Department of Commerce who are handicapped (i.e., have a major physical or mental impairment limiting one or more major life activities such as walking, hearing, learning).
2. Vocational rehabilitation counselors assisting handicapped persons.

## INSTRUCTIONS

1. In the blocks indicated fill in your:
  - A. Name
  - B. Birthdate (Mo./Yr.)
  - C. Social Security Number
2. Read the definition of a reportable disability and the Code definitions. Place the most appropriate code in block "D".
3. Complete Section E, "Narrative", if you wish to provide more specific information on your disability.

## PRIVACY ACT NOTICE

*Authority for data collection:* By Section 501 of the Rehabilitation Act of 1973, as amended, the Department of Commerce is required to establish an affirmative action program for disabled individuals; by Equal Employment Opportunity Commission Management Directive 711 of November 2, 1982, the Department of Commerce is to establish and maintain special recruitment programs for handicapped individuals with specified severe disabilities and to account for applications received from this group; by 29 CFR 1613.706(c), the Department of Commerce is authorized to invite applicants for employment to indicate whether and to what extent they are handicapped.

*Purpose and use:* The information collected on this form, supplementary to the SF-171, will be used in conjunction with affirmative action plans and programs. Information obtained as to the handicapping condition or medical history of the applicant will be kept confidential except that: (1) managers, selecting officials, and others involved in the selection process or responsible for affirmative action may be informed that the applicant is a handicapped individual eligible for affirmative action; (2) supervisors and managers may be informed regarding necessary accommodations; (3) government officials investigating compliance with laws, regulations, and instructions relevant to equal employment opportunity and affirmative action for handicapped individuals shall be provided information upon request; and (4) statistics generated from information obtained may be used to manage, evaluate, and report on equal employment opportunity and affirmative action programs.

*Effect of not providing the information requested:* Completion of this form is voluntary. Not providing the information requested will have no adverse effect on an applicant's consideration for employment.