## SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

100	e instructions and Privacy Act information	on on reverse)	-					
Last	t Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social S	ecurity Number	ENTER COD	DE HERE	$\longrightarrow$	
she one	FINITION OF A HANDICAP: A person is hat has a physical or mental impairment which or more major life activities; has a record o s regarded as having such impairment. Tho	substantially limits f such impairment;	thr wh	ough 94). In the	are listed below e case of multiple e impairment the	e impairments, o	hoose the co	
ess tion not	<b>THE EMPLOYEE:</b> Self-identification of har ential for effective data collection and analys you provide will be used for statistical purpo in any way affect you individually. While se intary, your cooperation in providing accurat cal.	sis. The informa- oses only and will lf-identification is	(Be pal leg <b>61</b>	sy, there is some s, arms, and/or tro One hand One arm, any p	nerve, or muscle   loss of abiliy to mo unk.) 67 art		of the body, inc	luding
01	I do not wish to identify my handicap status. ( <i>Plinote above and the reverse side of this form bet</i> Your personnel officer may use this code if, in his used an incorrect code.)	ore using this code.) (N	lote: 65	Both hands Both legs, any p Both arms, any		Three or more m body <i>(arms and</i>		e
05	I do not have a handicap.	(Be	COMPLETE PARALYSIS (Because of a brain, nerve, or muscle problem, including palsy and cerebral					
06	I have a handicap but it is not listed below.		inc	sy, there is a com luding legs, arms, One hand		to move or use a Lower half of bo		-
	EECH IMPAIRMENTS Severe speech malfunction or inability to speak; amples: defects of articulation [unclear language aphasia [impaired language function]; laryngecto box"])	e sounds]; stuttering;	71 72 <sub>Dice</sub> 73	Both hands One arm		One side of body and one leg	/, including one	e arm
	ARING IMPAIRMENTS		75	Both legs	70	body (arms and		e
15	Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)			OTHER IMPAIRMENTS 80 Heart disease with no restriction or limitation of activity ( <i>History of heart</i>				
-	Total deafness in both ears, with understandable speech Total deafness in both ears, and unable to speak clearly			<ul><li>problems with complete recovery)</li><li>81 Heart disease with restriction or limitation of activity</li></ul>				
				<b>82</b> Convulsive disorder ( <i>e.g., epilepsy</i> )				
	<b>ION IMPAIRMENTS</b> Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision ( <i>Restriction of the visual field to the extent that mobility is</i>			Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)				
	affected"Tunnel vision") Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)			<ul> <li>84 Diabetes</li> <li>86 Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthmat)</li> </ul>				
	Blind in one eye Blind in both eyes ( <i>No usable vision, but may have some light perception</i> )			asthma) Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)				
	MISSING EXTREMITIES 27 One hand		88					
28 29	One arm One foot			<b>39</b> Cancerundergoing surgical and/or medical treatment				
33 34	One leg Both hands or arms Both feet or legs		90	to learn, to be e ment as certifie	ation (A chronic and lifelong condition involving a limited ability e educated, and to be trained for useful productive employ- fied by a State Vocational Rehabilitation agency under sec- ((t) of Schedule A)			
36 37	One hand or arm <i>and</i> one foot or leg One hand or arm <i>and</i> both feet or legs Both hands or arms <i>and</i> one foot or leg			<b>91</b> Mental or emotional illness ( <i>A history of treatment for mental or emotional problems</i> )				
38 Both hands or arms and both feet or legs NONPARALYTIC ORTHOPEDIC IMPAIRMENTS			92	<b>92</b> Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])				
som	cause of chronic pain, stiffness, or weakness in b e loss of ability to move or use a part or parts of One or both hands <b>47</b> One or both legs		93	such as those c	f face, hands, or fe aused by burns, g s, club feet, etc.])			
45	One or both feet     48     Hip or pelvis       One or both arms     49     Back       Any combination of two or more parts of the body			<b>94</b> 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)				

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored). These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her disignee (a Vocational Rehabilitation Counselor may also be helpful) will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.] Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

## PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.