

CERTIFICATION OF STATUS AS AN INDIVIDUAL WITH A DISABILITY

In federal civil rights laws the definition of disability includes:

"... any (1) individual with a physical or mental impairment that substantially limits one or more major life activities; (2) individual with a record of such impairment; or (3) individual who is regarded as having such an impairment.

"... a physical or mental impairment includes, but is not limited to, examples of conditions such as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV), developmental disabilities, mental illness, drug addiction, and alcoholism.

"... Some impairments are readily observable, while others may be invisible. Observable impairments may include, but are not limited to, blindness or low vision, deafness or being hard of hearing, mobility limitations, and other types of impairments with observable symptoms or effects, such as intellectual impairments (including some types of autism), neurological impairments (e.g., stroke, Parkinson's disease, cerebral palsy, epilepsy, or brain injury), mental illness, or other diseases or conditions that affect major life activities or bodily functions.

"... Major life activities include, for example, walking, speaking, hearing, seeing, breathing, working, learning, performing manual tasks, and caring for oneself. There are other major life activities that are not on this list. Major life activities also include the operation of major bodily activities, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems."

As a medical/social service professional with a knowledge necessary to make such a determination, I certify that _____ (NAME OF INDIVIDUAL) qualifies as an individual with a disability as defined above.

[* IMPORTANT: Do NOT reveal the specific NATURE OR SEVERITY of the individual's disability.]

The accommodation requested above by my client is consistent with the individual's needs associated with their disability.

SIGNATURE OF MEDICAL PROFESSIONAL

PRINTED NAME AND TITLE

DATE