**MSU EMPLOYEE DISABILITY DECLARATION**

An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life functions or activities. To qualify as a disability, the condition must have a duration of more than 6 months. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

**ALL ANSWERS WILL BE KEPT CONFIDENTIAL**

1. Please check any that are applicable to you.*
   - [ ] ADHD
   - [ ] Blind/Visual (not corrected with lenses)
   - [ ] Chronic Health (ex: Asthma, Cancer, Diabetes, High Blood Pressure, Etc)
   - [ ] Cognitive (ex: Stroke, Tourette's, Brain Injury, Etc.)
   - [ ] Deaf/Hard of Hearing
   - [ ] Learning Disabled
   - [ ] Manual Dexterity (Limited use of one or both hands)
   - [ ] Mobility (ex: Cerebral Palsy, Back/Knee Injury, Wheelchair, Etc.)
   - [ ] Psychiatric (ex: Anxiety Disorder, Bi-Polar, Depression, Eating Disorder, Etc)
   - [ ] Speech
   - [ ] NONE APPLICABLE
   - [ ] Other, please specify
     
     ________________________________

   **Name: __________________________**

   **Signature: ________________________**

   **Date: ____________________________**

*Completion of this form does not constitute the request for an accommodation. Please see the Office of Disability Support Services (CSC 168, 397-4140) if you need to request an accommodation.*