

Name \_\_\_\_\_

ADC # \_\_\_\_\_

Prison \_\_\_\_\_

## Disability Documentation Form

I have a disability as that term is defined under the Americans with Disabilities Act (ADA).

- I have a  physical or  mental impairment: \_\_\_\_\_  
(e.g. Cancer, Bipolar Disorder, Paraplegia, Diabetes)
- My impairment substantially limits the following Major Life Activities or Major Life Functions

Major Life Activities:  
(Check all that apply)

- Caring for oneself
- Performing manual tasks
- Seeing
- Hearing
- Eating
- Sleeping
- Walking
- Standing
- Lifting
- Bending
- Speaking
- Breathing
- Learning
- Reading
- Concentrating
- Thinking
- Communicating
- Working
- Other

Major Life Functions:  
(Check all that apply)

- Functions of the Immune System
- Normal Cell Growth
- Digestive Bowel
- Bladder
- Neurological
- Brain
- Respiratory
- Circulatory
- Endocrine
- Reproductive Functions
- Other

This impairment affects my major life activities or major life functions in the following way(s):

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I have multiple impairments: \_\_\_\_\_ (list how many). I have completed a Disability Documentation Form for each impairment. See \_\_\_\_ additional forms.

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Check all that apply regarding this impairment:

I have an episodic condition (e.g. epilepsy, bipolar, multiple sclerosis). Keep in mind that under the ADA, an impairment that is episodic is a disability if it would substantially limit a major life activity or major life function when active.

I have a condition in remission (e.g. cancer). Keep in mind that under the ADA, an impairment that is in remission is a disability if it would substantially limit a major life activity or major life function when active.

I use one or more of the following mitigating measures for this impairment. Keep in mind that the determination of whether an impairment is substantially limiting must be made without regard to the beneficial effects of mitigating measures.

- medication
- medical supplies
- equipment or appliances
- low-vision devices (do not include ordinary eyeglasses or contact lenses)
- prosthetics, including limbs and devices
- hearing aids and cochlear implants or other implantable hearing devices
- mobility devices
- oxygen therapy equipment and supplies

- use of assistive technology
- reasonable accommodations or auxiliary aids or services
- learned behavioral or adaptive neurological modification

Because of this impairment, I need the following accommodations, medically necessary services or personal devices:

- wheelchair
- assistive device (e.g. walker, cane), specifically a \_\_\_\_\_
- prosthetic device, specifically a \_\_\_\_\_
- medical shoes
- lower bunk assignment
- first floor housing assignment
- ADA accessible cell
- ADA accessible restroom and shower
- ADA accessible exercise equipment
- special diet, specifically \_\_\_\_\_
- adult incontinence briefs and wipes
- extra toilet paper
- catheters and bags
- sign language interpreter
- videophone
- CAP-Tel phone
- hearing aid(s)
- eyeglasses
- large print documents and materials
- Braille documents and materials
- audio recorded documents and materials
- ADA aide for \_\_\_\_\_
- other \_\_\_\_\_