CERTIFICATION OF STATUS AS AN INDIVIDUAL WITH A DISABILITY

In federal civil rights laws the definition of disability includes any individual with:

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

... ***Physical or mental impairment*** includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism...

... ***Major life activities*** include, but are not limited to: (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; and (ii) The operation of a *major bodily function,* 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. The operation of a major bodily function includes the operation of an individual organ within a body system."

§ 35.108 Definition of "disability." https://www.ecfr.gov/current/title-28/chapter-I/part-35/subpart-A/section-35.108

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.

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

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Important Note: A verification form or letter should not disclose a specific medical diagnosis or the detailed severity of the condition. It only needs to confirm that the person meets the legal definition of a disability and shows a clear connection to the accommodation requested.

The accommodation or modification requested on the accompanying request form by my client is consistent with the individual's needs associated with their disability.

_____ _____

(Signature of Medical Professional) (Date)

_____

(Printed Name and Title)