

NOTICE TO ALL EMPLOYEES

We are required by the Industrial Commission of Ohio to submit an annual report listing those persons who are handicapped as defined in Section 4123.343 of the Revised Code.

NOTE: Discrimination on the basis of a handicap which does NOT create an occupational hazard nor prevent substantial job performance is prohibited by State Law.

Please complete the following by circling *one* answer for each of the 25 listings:

1. Yes No Epilepsy (chronic nervous disorder/seizures/unconsciousness)
2. Yes No Diabetes (sugar)
3. Yes No Cardiac Disease (heart disorders/high blood pressure, previous heart attack, murmur, etc.)
4. Yes No Arthritis (joint inflammation-almost anyone who has suffered from bone and joint injuries or chronic pain in joints and disc space narrowing, commonly in those over 40 years of age, a result of the general aging process)
5. Yes No Amputated foot, leg, arm, hand
6. Yes No Partial or complete loss of vision (more than 75% bilaterally)
7. Yes No Residual disability for Poliomyelitis (Polio)
8. Yes No Cerebral Palsy
9. Yes No Multiple Sclerosis
10. Yes No Parkinson's Disease
11. Yes No Cerebral Vascular Accident (CVA-stroke)
12. Yes No Tuberculosis (TB)
13. Yes No Silicosis (lung disease caused by silica dust, i.e., from foundries)
14. Yes No Psychoneurotic Disability (previous psychiatric care, treatment for depression, etc.)
15. Yes No Hemophilia (bleeder)
16. Yes No Osteomyelitis (infection of bone)
17. Yes No Ankylosis (stiff or frozen joints)
18. Yes No Hyperinsulinism (low sugar)
19. Yes No Muscular Dystrophy's (MD)
20. Yes No Arteriosclerosis
21. Yes No Thrombophlebitis (vein inflammation)
22. Yes No Varicose veins
23. Yes No Cardiovascular, pulmonary or respiratory disease of a fire fighter or police officer employed by a municipal corporation or township
24. Yes No Coal Miners Pneumoconiosis (Black Lung Disease)
25. Yes No Employees who have successfully completed an Industrial Commission Rehabilitation Program.

FOR SERVICE-CONNECTED DISABILITY, STATE CONDITION AND "SERVICE"

SIGNATURE: _____

DATE: _____

REFUSED TO COMPLETE: _____
(Signature)