



**ADA FORM – AMERICANS WITH DISABILITIES ACT**

Equal Opportunity, Inclusion, & Resolution Services, 005 Steele Hall, 443-5367

Please complete this form to assist in complying with ADA requirements.

Name \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Dept/School/College \_\_\_\_\_

1. PHYSICAL REQUIREMENTS		
<b>A. What are the physical mobility requirements of this job?</b>	<b>B. What are the physical effort requirements of this job?</b>	<b>C. What are the physical dexterity requirements of this job?</b>
Percent of time spent...	Number of pounds lifted...	Percent of time operating...
% sitting	lbs waist high	% a telephone
% standing	lbs shoulder high	% computer/electronic equip.
% walking	lbs above the head	% Hand tools
% kneeling	Percent of time pounds are...	% power tools
% stooping		% carried alone
% climbing stairs	% carried w/someone	% manipulating small objects
	feet Distance weight must be carried	
	Percent of time pounds are...	
	% pushed	
	% pulled	
	% held	

2. SENSORY ABILITIES			
An ability to .....	.....is essential	....is useful	....is not applicable
see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
distinguish colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hear or listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





3. MENTAL EFFORT	
What are the mental effort requirements of this job? Check (✓) all that apply.	
Perform on a daily basis...	
<input type="checkbox"/>	reading
<input type="checkbox"/>	writing
<input type="checkbox"/>	basic arithmetic
<input type="checkbox"/>	weighing and/or measuring
<input type="checkbox"/>	analyzing data
<input type="checkbox"/>	problem solving
<input type="checkbox"/>	conducting research
<input type="checkbox"/>	evaluating performance of others

4. WORK ENVIRONMENT	
What are the elements of this job's work environment? Indicate percent or check (✓) as appropriate.	
Percent of time spent...	
<input type="text"/>	% indoors
<input type="text"/>	% outdoors
<input type="text"/>	% in an automotive vehicle
The condition of the air is...	
<input type="checkbox"/>	clean (controlled)
<input type="checkbox"/>	normal/average
<input type="checkbox"/>	dusty/dirty
<input type="checkbox"/>	wet/humid
<input type="checkbox"/>	affected by fumes, smoke, etc.
<input type="checkbox"/>	
The noise level is...	
<input type="checkbox"/>	normal
<input type="checkbox"/>	loud, requiring ear protection

