

**ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE**

**APPLICANT INFORMATION**

LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS			CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	CLASSIFICATION	HIRING DEPARTMENT		

**CONTACT INFORMATION**



NAME	TITLE
LOCATION	TELEPHONE

**LIST OF ESSENTIAL FUNCTIONS**

*Enter list of essential functions of the job from current duty statement here, or attach duty statement:*

**ACKNOWLEDGEMENT**

*I certify that the duties listed above represent the essential functions of the job and classification listed above.*

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE 	DATE
PERSONNEL OFFICER'S NAME	PERSONNEL OFFICER'S SIGNATURE 	DATE

**APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS**

*I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check one of the boxes below):*

- I am able to perform all of the essential functions of the job without a need for reasonable accommodation.
- I am able to perform all of the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).
- I am unable to perform one or more of the essential functions of the job, even with reasonable accommodation.
- I am not sure if I am able to perform one or more of the essential functions of the job. I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the job in the Request for Essential Functions Evaluation section below.

**REASONABLE ACCOMMODATION (If necessary, you may attach additional pages)**


*For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:*

**REQUEST FOR ESSENTIAL FUNCTIONS EVALUATION (If necessary, you may attach additional pages)**

*I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Board's Medical Officer, or his/her delegate, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.*

**ACKNOWLEDGEMENT**

*I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.*

APPLICANT'S NAME (Print or type)	APPLICANT'S SIGNATURE 	DATE
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