

CISA Applicant Medical Statement Form



CYBERSECURITY &
INFRASTRUCTURE
SECURITY AGENCY

Physician/Therapist's Statement

The applicant identified below is requesting statements that will be evaluated along in connection with a request for reasonable accommodation for the CISA application process on the basis of disability, as defined by the ADA Amendments Act and Rehabilitation Act. A new medical examination is not necessary if you can provide current information from your records.

Please provide the information requested upon this form or on your letterhead stationery. If an element is not applicable, enter "Not Applicable." Please be sure to sign the report.

Applicant's Name:

1. What is the applicant's condition (diagnosis), and estimated prognosis (if applicable)?

2. Does this condition substantially limit the applicant in any major life activities (e.g., walking, sitting, sleeping, concentrating, lifting, carrying, grasping, reaching)? Major bodily functions are also considered "life activities."

3. Based on the limitation(s), what functions in a virtual application process might the applicant have trouble performing?

4. Do you have any accommodation suggestions related to the applicant's limitation(s)?

Doctor/Therapist's Printed Name and Signature:

Date: