Virginia Cancer Specialists

# Disability Status

## Please complete all 6 questions to document Disability Status:

| | Yes | No | Decline |
|---|---|---|---|
| Are you deaf, or do you have serious difficulty hearing? | ☐ | ☐ | ☐ |
| Are you blind, or do you have serious difficulty seeing, even when wearing glasses? | ☐ | ☐ | ☐ |
| Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | ☐ | ☐ | ☐ |
| Do you have serious difficulty walking or climbing stairs? | ☐ | ☐ | ☐ |
| Do you have difficulty dressing or bathing? | ☐ | ☐ | ☐ |
| Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | ☐ | ☐ | ☐ |

_____ _____

MRN # Date