

**The completion of this form is mandatory for all residents and fellows.
If you do not have a disability to disclose, please use the check box at
the bottom of page one.**



Office of
Graduate Medical Education
College of Medicine
920 Madison Avenue, Suite 447
Memphis, TN 38163
t 901.448.5364
f 901.448.6182

Memphis
Knoxville
Chattanooga
Nashville

Disability Disclosure

Name:	
Program:	
Date:	

Note: This page will not be copied for dissemination beyond the Office of Graduate Medical Education and/or other departments who may need this information for Affirmative Action or legal purposes. This invitation is being extended to you after being accepted into a GME training program.

INVITATION TO APPLICANTS FOR EMPLOYMENT TO IDENTIFY THEMSELVES DISABLED

THIS SECTION PERTAINS ONLY TO DISABLED PERSONS. A person with a disability refers to any person who has a physical or mental impairment that substantially limits one or more major life activities (performing manual task, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such impairment.

The UT Health Science Center is a government contractor subject to Section 504 of the Rehabilitation Act of 1973, which require employers to take affirmative action to employ qualified disabled individuals. If you feel you meet the above definition of disabled, the UT Health Science Center invites you to inform us so that you may be given consideration under our affirmative action program.

Provision of this information is entirely voluntary and choosing not to provide it will not result in any adverse treatment. The information will be used only according to the regulation of the Act. The information is considered confidential, except that (1) supervisors may be informed regarding restrictions on the work or duties of disabled persons and any necessary accommodations and (2) first aid personnel may be informed, where appropriate, if the condition might require emergency treatment.

Please describe disability.

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Do you have any health problems or physical limitations which would affect your ability to perform the essential functions of the training program for which you are entering? If yes, explain.

--

If so, what reasonable accommodations, if any, could the University take to enable you to perform?

--

I do not have a disability or medical condition that I wish to disclose and ask for an accommodation at this time.



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THE ABOVE INFORMATION IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL AND USED ONLY IN ACCORDANCE WITH THE ACTS AND THE REGULATIONS AT 41 CFR 60-250 AND 41 CFR 60-741. REFUSAL TO PROVIDE THIS INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

Signature

Date