

**BLUESUN, INC. is a QUALIFIED REHABILITATION FACILITY (QRF).  
As such 75% of our employees must have some form of disability.**

**What is a disability?**

Both federal and state laws define a person with a disability as an individual who has a physical or mental impairment that substantially limits one or more major life activities. These laws also protect those who have a record of such an impairment, and those who are regarded (“perceived”) as having such an impairment.

**What are major life activities?**

Federal and state statutes contain a long, non-exhaustive list of major life activities including self-care, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, thinking, communicating, working, interacting with others, and the operation of major bodily functions including but not limited to the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, diabetes, and reproductive functions. The impairment or perceived impairment is one that restricts one or more major life activities of the individual as compared to most people in the general population.

**Conditions that can be considered to interfere with life/work functions (this is NOT an all-inclusive list).**

- |                                    |                          |
|------------------------------------|--------------------------|
| Depression                         | Atrial fibrillation      |
| Anxiety                            | Narcolepsy               |
| Post-traumatic stress (PTSD)       | Sleep apnea              |
| OCD                                | Eating disorders         |
| Bi-polar                           | Chronic Obesity          |
| ADHD                               | Developmentally disabled |
| Phobias                            | Dyslexia                 |
| Paranoia                           | Vision impairment        |
| Stress                             | Hearing loss             |
| Back or joint injury/deterioration | Alzheimer’s              |
| Autism spectrum                    | Dementia                 |
| Recovery                           | Multiple Sclerosis       |
| Drug or alcohol addiction          | ALS                      |
| IEP in primary or secondary school | Arthritis                |
| Crone’s Disease                    | Cancer                   |
| Ulcers                             | Allergies                |
| Asthma                             | Migraines                |
| Cardiac disease                    | Chronic Pain             |
| High blood pressure                | Sensory sensitivity      |

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION IS ONLY  
IN THE FORM OF A MEDICAL PROFESSIONAL OR OTHER  
AUTHORIZED PERSON'S SIGNATURE ON THIS FORM. NO OTHER  
MEDICAL INFORMATION WILL BE REQUESTED.**

Individual's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I authorize you to release the information requested below to document the conditions qualifying as a disability.

\*Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Signature is required to be considered for employment with BlueSun, Inc.

# DOCUMENTATION OF DISABILITY

## PROFESSIONAL OR AUTORIZED PERSONS

The purpose of this form is to certify this individual as having a disability that limits the person's abilities. This form is part of an evaluation for qualifying this individual's participation in the QRF Program. ORS 279.835-850

State the qualifying physical or mental disability: \_\_\_\_\_

Duration of disability:  Permanent  Limited

Select the barriers to employment that limits the person abilities.

- |   |   |
|---|---|
| <input type="checkbox"/> Mobility               | <input type="checkbox"/> Work tolerance       |
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Work skills          |
| <input type="checkbox"/> Self-care              | <input type="checkbox"/> Interpersonal skills |
| <input type="checkbox"/> Self-direction         |   |
| <input type="checkbox"/> Other (describe) _____ |   |

Oregon Administrative Rules Definition:

OAR 125-055-0005 (5) "Individual with a Disability," as defined in ORS 279.835(3), means a person who has a physical or mental impairment (a residual, limiting condition resulting from an injury, disease or congenital defect) that so limits the person's functional capabilities (such as mobility, communication, self-care, self-direction, work tolerance or work skills) that the individual is not able to engage in normal competitive employment over an extended period of time and, as a result, must rely on the provision of specialized employment opportunities.

By signature, you certify and affirm the individual meets the definitions of OAR 125-055-0005(5) for participation in the QRF Program. (ORS 279.835 –279.850)

Medical Professional licensed by:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | The Oregon Medical Board                                  |
| <input type="checkbox"/> | The Oregon Board of Naturopathic Medicine                 |
| <input type="checkbox"/> | The Oregon State Board of Nursing as a Nurse Practitioner |
| <input type="checkbox"/> | The State Board of Psychologist Examiners                 |
| <input type="checkbox"/> | Oregon DHS Community DD Program                           |

Medical Professional or Authorized Person's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Signer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_