ORDINARY DISABILITY QUESTIONNAIRE

If you need additional space for any answer, please attach a separate page with the appropriate question number indicated for each answer.

1. **State description of employment duties as indicated by disability applicant:** _____

2. **Is applicant physically incapacitated for performance of said employment duties? Yes ____ No____**

Please explain: _____

3. **Is applicant mentally incapacitated for performance of said employment duties: Yes _____ No ___**

Please explain: _____

4. **If yes, please state:**

(a) **The exact nature of disability:** _____

(b) **Whether or not the disability is permanent or temporary:** _____

5. **Should the applicant be retired from said duties? Yes _____ No _____**

If there are any additional comments, please note: _____