

MAJOR LIFE ACTIVITIES ASSESSMENT

Please check any of the major life/academic activities listed below that are substantially affected as a result of the impairment (s).

| | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Learning | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Memorizing | <input type="checkbox"/> Taking Exams |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Seeing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Talking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Sitting |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Walking | <input type="checkbox"/> Caring for oneself | | <input type="checkbox"/> Interacting with Others | | <input type="checkbox"/> Managing Stress |
| <input type="checkbox"/> Other | | | | | | |

CERTIFYING PROFESSIONAL INFORMATION

Printed Name

SigtQ q 25.68 593.76 560.64f 586.32 592.32 0.48 (72(N).96 0 0 9.7TJ 0 Tc 076.24 0 I 6.24 -6.24 I 0).e W n BT PROFxg Str2 25.2 62S P8 565.56 560.641 237586.3TJ 0 Tc 07644.