ACC DA

TO: C

D ' C . C , -
.

The Health Care Provider listed must submit all forms by mail, fax or email:

Disability Verification Form

:

D

Life Activity	Limitation on function	Degree of limitation:
☐ A		☐ ☐ ☐
☐ A		☐ ☐ ☐
☐ B /		☐ ☐ ☐
☐ C /		☐ ☐ ☐
☐ C /		☐ ☐ ☐
☐		☐ ☐ ☐
☐		☐ ☐ ☐
☐ D		☐ ☐ ☐
☐ C		☐ ☐ ☐
☐		☐ ☐ ☐
☐ -		☐ ☐ ☐
☐		☐ ☐ ☐
☐		☐ ☐ ☐
☐		☐ ☐ ☐
☐ :		☐ ☐ ☐

Additional Comments/Questions:

D :

( ) (. ., , , , .)

:

D , .
, :