

| Applicant Flow Data Disability Codes (Applicants) | | MD-715 B7 Disability Reporting Requirements | SF 256 Disability Codes (Hires) | | |
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| https://www.eeoc.gov/federal/upload/Applicant_Tracking_Form_2-19-2014-2.pdf | | | https://www.opm.gov/forms/pdf_fill/sf256.pdf | | |
| USAJOBS AFD Code | Demographic Information on Applicants (OMB No. 3046-0046) | MD-715 B7 Targeted Disability Descriptions | SF 256 Codes | SF 256 Description | SF 256 Category |
| 01 | Deaf or serious difficulty hearing | Deaf or Serious Difficulty Hearing | 19 | Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports | Targeted Disability or Serious Health Conditions |
| 02 | Blind or serious difficulty seeing even when wearing glasses | Blind or Serious Difficulty Seeing | 20 | Blind or serious difficulty seeing even when wearing glasses | Targeted Disability or Serious Health Conditions |
| 03 | Missing an arm, leg, hand, or foot | Missing Extremities | 31 | Missing extremities (arm, leg, hand and/or foot) | Targeted Disability or Serious Health Conditions |
| 04 | Paralysis: Partial or complete paralysis (any cause) | Total Paralysis | 60 | Partial or complete paralysis (any cause) | Targeted Disability or Serious Health Conditions |
| 05 | Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders | Not required | 93 | Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders | Targeted Disability or Serious Health Conditions |
| 06 | Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk | Not required | 40 | Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or supports | Targeted Disability or Serious Health Conditions |
| 07 | Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression | Significant Psychiatric Disability | 91 | Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression | Targeted Disability or Serious Health Conditions |

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| 08 | Intellectual Disability (formerly described as mental retardation) | Intellectual Disability | 90 | Intellectual disability | Targeted Disability or Serious Health Conditions |
| 09 | Developmental Disability: for example, cerebral palsy or autism spectrum disorder | Not required | 02 | Developmental Disability, for example, autism spectrum disorder | Targeted Disability or Serious Health Conditions |
| 10 | Traumatic Brain Injury | Not required | 03 | Traumatic Brain Injury | Targeted Disability or Serious Health Conditions |
| 11 | Dwarfism | Dwarfism | 92 | Dwarfism | Targeted Disability or Serious Health Conditions |
| 12 | Epilepsy or other seizure disorder | Epilepsy or Other Seizure Disorders | 82 | Epilepsy or other seizure disorders | Targeted Disability or Serious Health Conditions |
| 13 | Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment | Not required | 06 | I have a disability or serious health condition, but it is not listed on this form | Other Options |
| 14 | Alcoholism | Not required | 98 | History of alcoholism or history of drug addiction (but not currently using illegal drugs) | Other Disabilities or Serious Health Conditions |
| 15 | Cancer | Not required | 88 | Cancer (present or past history) | Other Disabilities or Serious Health Conditions |

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| 16 | Cardiovascular or heart disease | Not required | 80 | Cardiovascular or heart disease | Other Disabilities or Serious Health Conditions |
| 17 | Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment | Not required | 95 | Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia | Other Disabilities or Serious Health Conditions |
| 18 | Depression, anxiety disorder, or other psychological disorder | Not required | 81 | Depression, anxiety disorder, or other psychiatric disorder | Other Disabilities or Serious Health Conditions |
| 19 | Diabetes or other metabolic disease | Not required | 84 | Diabetes | Other Disabilities or Serious Health Conditions |
| 20 | Difficulty seeing even when wearing glasses | Not required | N/A | Not included | |
| 21 | Hearing impairment | Not required | N/A | Not included | |
| 22 | History of drug addiction (but not currently using illegal drugs) | Not required | 98 | History of alcoholism or history of drug addiction (but not currently using illegal drugs) | Other Disabilities or Serious Health Conditions |
| 23 | HIV Infection/AIDS or other immune disorder | Not required | 51 | HIV Positive/AIDS | Other Disabilities or Serious Health Conditions |
| 24 | Kidney dysfunction: for example, requires dialysis | Not required | 87 | Kidney dysfunction | Other Disabilities or Serious Health Conditions |

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| 25 | Learning disabilities or ADHD | Not required | 94 | Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD) | Other Disabilities or Serious Health Conditions |
| 26 | Liver disease: for example, hepatitis or cirrhosis | Not required | 97 | Liver disease, for example, hepatitis or cirrhosis | Other Disabilities or Serious Health Conditions |
| 27 | Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder | Not required | 96 | Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis | Other Disabilities or Serious Health Conditions |
| 28 | Morbid obesity | Not required | 52 | Morbid obesity | Other Disabilities or Serious Health Conditions |
| 29 | Nervous system disorder: for example, migraine headaches, Parkinson's disease, or multiple sclerosis | Not required | 59 | Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis | Other Disabilities or Serious Health Conditions |
| 30 | Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body | Not required | 44 | Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to user part or parts of the body | Other Disabilities or Serious Health Conditions |
| 31 | Orthopedic impairments or osteo-arthritis | Not required | 85 | Orthopedic impairments or osteo-arthritis | Other Disabilities or Serious Health Conditions |

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| 32 | Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB | Not required | 86 | Pulmonary or respiratory conditions, for example, tuberculosis, asthma, ephysema | Other Disabilities or Serious Health Conditions |
| 33 | Sickle cell anemia, hemophilia, or other blood disease | Not required | 83 | Blood diseases, for example, sickle cell anemia, hemophilia | Other Disabilities or Serious Health Conditions |
| 34 | Speech impairment | Not required | 13 | Speech impairment | Other Disabilities or Serious Health Conditions |
| 35 | Spinal abnormalities: for example, spina bifida or scoliosis | Not required | 41 | Spinal abnormalities, for example, spina bifida or scoliosis | Other Disabilities or Serious Health Conditions |
| 36 | Thyroid dysfunction or other endocrine disorder | Not required | 99 | Endocrine disorder, for example, thyroid dysfunction | Other Disabilities or Serious Health Conditions |
| 37 | Other | Not required | 06 | I have a disability or serious health condition, but it is not listed on this form | Other Options |
| 99 | I do not wish to answer questions regarding disability/health conditions | Not Identified | 01 | I do not wish to identify my disability or serious health condition | Other Options |
| 99 | None of the conditions listed above apply to me | No Disability | 05 | I do not have a disability or serious health condition | Other Options |
| Blank | User did not answer question | Not Identified | 01 | I do not wish to identify my disability or serious health condition | Other Options |