PROHIBITED ITEM WAIVER REQUEST FORM

If your health condition may require **access to otherwise prohibited items** during the bar examination, please upload this completed form **with your online application**. *See* Ariz. R. Sup. Ct. 35(h)(2). *Healthcare provider signature is required.*

Untimely and incomplete requests will be rejected. *See* Ariz. R. Sup. Ct. 35(c)(3) and AO 2024-78.

NOTE: This form is **NOT** to be used for an ADA accommodation. Such request must be submitted using the Disability Testing Accommodation Application.

This form is **NOT** to be used for requests pertaining to lactation needs. Such request must be submitted on the Lactation Support Request Form.

This form is NOT required for the following medical items which are permitted and subject to inspection at any time.

- menstrual products – in the original packaging
- eyeglasses, eye drops, eye patch, handheld non-electronic magnifying glass
- inhaler
- nasal drops/spray
- non-prescription medication – unwrapped, not in the container
- prescription medication – in the container with the prescription label attached.
- hearing aid
- bandages
- cast or brace
- cane, crutches, or walker
- medical foot stool to support an injured leg or foot
- pillow/cushion
- heart monitor
- oxygen tank
- spinal cord stimulator
- insulin pump, glucose monitor/TENS unit, blood sugar testing kit, beverage in non-opaque bottle with no label
- auto-injector (EpiPen)

Test periods do not exceed 3 hours. Restrooms are accessible during the test sessions. Earplugs, writing utensils, and scratch paper are provided.

SHADED AREA BELOW MUST BE FULLY COMPLETED BY TREATING PHYSICIAN

Applicant Name (print clearly):		**Name of treating physician (print clearly):**	
Exam Month/Year:		**License # and State Issued:**	
Medical Condition:		**Date of diagnosis/treatment for condition:**	
Prohibited Item Requested for this exam:		**Prohibited Item Requested for this exam:**	
Emergency Contact (name, relationship, phone number)		**Physician Signature :**	
Applicant Signature & Date:		**Date:**	