

**Non-ADA Accommodation Request Form - Medical**

**PROHIBITED ITEM/MEDICAL EXEMPTION/HEALTH NOTICE**

If your health condition is such that might require you to **access prohibited item(s)** during the bar examination, please upload this completed form **with your online application**.

**NOTE: This is NOT an ADA accommodation request form. This form is NOT to be used for requests pertaining to lactating needs. Such request must be submitted on the Non-ADA Accommodation Request Form – Lactation.**

Applicant Name (print clearly): \_\_\_\_\_

Applicant Signature

Date

Items I am requesting to use at test site: \_\_\_\_\_

MEDICAL CONDITION ALERT (if applicable): \_\_\_\_\_

**IF HEALTH CONDITION IS CLAIMED, SHADED AREA BELOW MUST BE FULLY COMPLETED BY TREATING PHYSICIAN:**

Name of Treating Physician (print clearly)

License # and State Issued

Date of first diagnosis/treatment for condition

Test periods do not exceed 3 hours. Restrooms are accessible during the test sessions. Medications are permitted, some restrictions apply, *see attached Permitted Items list*.

Accommodation being requested for the exam:

Treating Physician (PRINT NAME)

Treating Physician Signature

Date of completion of form

In an emergency, please contact (indicate name, relationship to you, telephone number):

**ADMINISTRATIVE DECISION/DATE:**

Any items that are not on the list below are prohibited.

**Permitted Items:**

- Wallet
- Money, credit card
- Government issue ID for entry
- Keys
- Non-digital (analog) wristwatch
- Sunglasses, eyeglasses, contact solution, eyedrops
- Prescription Medication(s) with prescription label
- Non- Prescription Medication(s) - removed from packaging
- Feminine hygiene products
- Transparent water bottle(s) - with no label or writing
- Laptop, power cord, wired mouse, wired keyboard - MEE and MPT test day if laptop certified