



Medical Alert Notification and Request Form

Applicants that require the use of any medical equipment (e.g. wheelchair, crutches, insulin pump/insulin test kit, eye drops, breast pump, hearing aid, inhaler, etc.) or food during the examination must complete this form and provide documentation from a qualified medical provider. All medical devices will be inspected by the Board staff at the examination site.

Applicants sitting for the bar examination who have a medical condition, such as diabetes, heart disease, epilepsy, pregnancy and/or any other condition that might require medical attention or special seating, should notify the Board by uploading this form.

This form is not to be used in lieu of the *Nonstandard Testing Accommodations (NTA) Application*, but is intended to simplify the process for medical alert information and/or courtesy arrangements that may be available, if warranted.

Name: _____

Telephone No.: (Home): _____ (Work): _____

Nature of the condition: _____

Medical Professional: _____ Telephone No.: _____

Equipment/food requests: _____

Emergency contact information:

Name: _____ Telephone No.: _____

Seating preference due to a documented medical condition:
(You must upload documentation from your medical professional.)

Near Restroom: _____

Near Entrance: _____

Rear of Examination Room: _____

Other: _____

ADMINISTRATIVE PROCESS: The executive director will evaluate all seating requests on a case-by-case basis. The decision of the executive director is final. Only board staff members, section proctors, and on-site medical professionals will have access to this information. For additional information, please contact the board office at (717) 231-3350.

Please upload any additional information