
Request for Approval of Otherwise Prohibited Items for Health-Related Conditions

Notice to Applicant: Complete this form to request any of the following arrangements to address a health-related condition):

- Permission to bring an assistive device (such as diabetic supplies, arm/leg brace, lumbar support, laptop stand, external mouse, or breast pumping supplies) into the secure exam area.
- Wheelchair seating.
- Permission to bring medication in its original container into the secure exam area.

(If requesting Testing Accommodations under the American with Disabilities Act, as amended (ADA), please follow the [Policy & Instructions for Requesting Testing Accommodations](#).)

Applicant's Full Name:

First: _____ Middle: _____ Last: _____

Exam Date (mm/yyyy): _____

1. Check the applicable boxes to indicate your request:

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetic supplies | <input type="checkbox"/> Arm/leg brace | <input type="checkbox"/> Wheelchair seating |
| <input type="checkbox"/> Laptop stand | <input type="checkbox"/> Lumbar support | <input type="checkbox"/> Quiet, unwrapped snack |
| <input type="checkbox"/> Breast pumping supplies | <input type="checkbox"/> Medication in original container | <input type="checkbox"/> External monitor, mouse, or keyboard |
| <input type="checkbox"/> Other (please describe): _____ | | |

2. Explain why it is necessary in order to address your health-related condition:

3. Describe special arrangements you would like for breast pumping purposes, if applicable (please see our [Policy and Procedure for Breastfeeding-Related Requests During the Bar Exam](#)):

Applicant's signature: _____ **Date signed:** _____