

# Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA  
1891 EIDER COURT  
TALLAHASSEE, FLORIDA 32399-1750  
www.floridabarexam.org



(850) 487-1292  
Fax (850) 414-6822

## **NOTICE OF MEDICAL ALERT OR CONDITION REQUIRING SPECIAL SEATING OR ASSISTIVE DEVICES**

**This form must be submitted if at the bar examination you:**

- have a specific medical condition that may require emergency medical attention; or,
- need to bring items to the examination site that are usually prohibited but are required due to a specific condition such as diabetic supplies, lumbar support, or a lactation pump; or,
- need special seating arrangements (such as a seat near the restroom).

If you are taking any type of medication and do not require other items, you are not required to complete this form. You may bring your medication into the exam room, subject to inspection.

**Complete this form to notify the examiners of:**

- the nature of the condition;
- the name and telephone number (with area code) of one or more persons who should be contacted in the event of a medical emergency; and,
- the specific items needed at the examination site such as food or juice, wheelchair access, diabetic supplies, lumbar support, or a lactation pump and an explanation of the need for these items.

This form must be filed through your applicant portal for each examination and received in the board's office at least 2 weeks prior to the first day of the examination. If approved, a written authorization for special seating, or to bring the requested items to the examination site, will be provided.

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
File Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Bar Examination Date

Nature of Condition: \_\_\_\_\_

Specific instructions or needs:

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Telephone Number