

Virginia Board of Bar Examiners

2201 W. Broad Street

Suite 101

Richmond, VA 23220

FAX: (804) 367-0416

MEDICAL ACCOMMODATION REQUEST FORM

**To Bring Item(s) Into Exam Not On Allowed List
and/or Special Seating Request Due To Medical Condition**

Complete this form to:

- **Request permission to bring any item not on the ALLOWED list, such as prescribed medication, diabetic supplies, lumbar support, lactation pump, etc., into the examination room;**

and/or

- **Request special seating in one of the main exam rooms due to a medical condition.**

This Form must be filed for each bar exam you apply for in Virginia and must be accompanied by a current (no older than 60 days) Doctor's Note. The Form and Doctor's Note must be received in the Board's office no later than **February 15** for a February exam or **July 15** for a July exam. Your form may be mailed or faxed. **If this form is not received by the deadline, the Board will NOT be able to process your request.**

NAME: _____ LAST 4 OF SSN: _____

1. A) List the items or assistive device(s) you wish to bring into the examination room and provide an explanation for why the item/device is needed:

- B) Indicate your special seating request and provide an explanation for why the request is needed:

____ Near Restroom ____ Near Entrance ____ Rear of Exam Room

____ Wheelchair ____ Other (Specify) _____

Explanation:

2. **A Doctor's Note setting forth the diagnosis and the medical necessity for such request must be submitted with this form.**

Applicant Signature: _____

Date: _____ Phone #: _____

Email Address: _____

You will be notified by email no later than five days prior to the bar exam if your request has been approved or denied.