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NOTICE OF MEDICAL ALERT/SITE SEATING REQUEST

Complete this form to notify the Board of Bar Examiners staff of:

- a specific medical condition that may require medical attention;
- the need to bring items into the examination room that are usually prohibited but are required due to a medical condition;
- the need to have special seating due to a documented medical condition;

This form must be filed for each examination and faxed to the Board's office at 609-815-2913 or emailed to bar.mailbox@njcourts.gov **no later one week prior to the examination**. You will only be notified if your request is denied. Otherwise, please check in with Security at the examination.

Applicant's Name (printed)

Applicant ID Number

Applicant's Signature

Date

1. Requested items to bring into examination room due to a medical condition:

2. Request for special seating during examination (medical documentation must be attached):

Near restroom Near entrance Rear of exam room Other

3. Notification of a medical condition that may require medical attention:

Emergency Instructions: _____

Emergency Contact Person

Telephone Number