

## COURTESY PROVISIONS FOR HEALTH-RELATED CONDITIONS

You must submit this document on or before the first day of the month that the LPP examination is being held to allow time for the request to be processed. Do not complete this form if you need accommodations which affect the format or administration of the test itself (e.g. extra time, extra breaks, private room). Such requests must be made using the LPP Test Accommodation Forms (see *General Guidelines for LPP Test Accommodations*).

Complete this form if you have a medical condition that will require you to bring medical equipment (e.g. inhaler, insulin pump, lactation pump, etc.), food, or drink into the exam room or if you have a condition which calls for special seating. Available seating options are: near the restroom, near the entrance, wheelchair accessible, front of the room, or back of the room.

State the medical condition which necessitates the request(s) and specify the item(s) you are requesting to bring and/or the desired seating arrangement. Approval is not guaranteed.

With this form you are required to submit a doctor's note. The doctor's note must verify that you have the condition, explain the purpose of the item(s) or seating request, and state that you must have access to the item(s) at all times.

*(Please note: drinking fountains are accessible during the exam; you may only request to bring a water bottle if you struggle with dehydration or if you have limited mobility.)*

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

\_\_\_\_\_  
LPP Exam Date

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

**Medical Condition:** \_\_\_\_\_

**Request(s):**