NOTICE OF MEDICAL ALERT

_____

Applicant's Name (Print) SS# Applicant's Signature

Examination Date: _____

Do you wish to make the Kentucky Office of Bar Admissions aware of any medical condition such as diabetes, etc? _____

Emergency Instructions as follows:_____

_____

_____

_____

_____

Emergency contact persons (Name (s) and telephone number (s):

_____

_____

_____

_____ _____

Applicant's Signature Date

This form may be mailed to the Board's office at 1510 Newtown Pike, Suite 156, Lexington, KY 40511 or faxed to (859) 246-2385.