

## Meal Plan Accommodation Request: Physician's Form

All students who live in residence at Concordia University, Nebraska are required to participate in the meal plan associated with the building in which they reside. A major aspect of living at a residential college is dining with other students and developing a sense of community that arises in this setting.

Occasionally students have special needs based on documented health conditions, such as those resulting in certain dietary restrictions, which may necessitate accommodations to the meal plan. Meal plan accommodations are determined on a case-by-case basis according to documented need, and applicable standards for reasonable accommodations.

The food service at Concordia offers many dining options and makes every effort to accommodate different dietary needs. This includes student-specific meal preparation for allergies, and a wide variety of healthy eating choices.

Students must meet with the Dining Service staff first to ask about all of the dining options before pursuing a meal plan accommodation. In all likelihood the staff will be able to accommodate students' dietary needs. Complete exemptions from a meal plan are extremely rare.

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

1. Based on this definition, does this student have a condition necessitating a dietary accommodation?

☐ Yes ☐ No

2. If yes, please state this student's diagnosis or diagnoses:

\_\_\_\_\_

3. Severity of condition: ☐ Mild ☐ Moderate ☐ Severe

4. Date of initial diagnosis: \_\_\_\_\_

5. Please list or describe any testing that was done to arrive at the diagnosis.  
Please attach any testing results to this form:

6. Is this student currently under your care? \_\_Yes \_\_No If yes, length of time under your care: \_\_\_\_\_
7. List current medications: \_\_\_\_\_
8. Using as much space as needed, please describe in detail the type, severity, and frequency of symptoms as related to the diagnosis, and how the disability interferes with eating.
9. Please check any recommended accommodations to the student's medically necessary dietary needs:
- ☐ Gluten Free
  - ☐ Nut Free
  - ☐ Shellfish Free
  - ☐ Dairy/Lactose Free
  - ☐ Soy Free
  - ☐ Vegetarian
  - ☐ Low Calorie
  - ☐ Low Carbohydrate
  - ☐ Low Fat
  - ☐ Gastrointestinal Diet (Crohn's, Colitis, IBS)
  - ☐ Diabetic Diet
  - ☐ High Protein
  - ☐ Other (Please Describe): \_\_\_\_\_
10. Please provide a diet the student should follow, including a sampling of foods the student can and cannot eat. (add additional pages, if necessary)

**Medical Professional's Contact information:**

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Medical provider's name (print)

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Medical provider's signature

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Specialty

State License Number

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Office Address

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City

State

Zip

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Phone

Fax

Please send this form to:  
Disability Support Services  
Concordia University  
800 N. Columbia Ave.  
Seward, NE 68434  
Fax: 402-643-4218