



Student: Check the type of dining accommodation you are seeking:

- Medically Necessary Diet**

- Medically Necessary Meal Plan Exemption**

Medical Provider Please Complete

To qualify for disability accommodations at the University of Mary, a student must have a documented need for a medically necessary diet that may impact their ability to equally access proper nutrition through campus dining services. This form must be completed by the diagnosing professional, who should not be a relative of the student. The Registered Dietitian and the Dining Services Committee will use your information to determine this student's eligibility for reasonable dining accommodations at the University of Mary.

A diagnostic report or a letter on the professional's letterhead stating the diagnosis and describing the elements requested on this form can be substituted for the Request for Documentation. The letter must be signed by your medical professional and include their title, medical license number (NPI) and practice address. A business card must be attached to the letter. Documentation should be submitted by email to nutrition@umary.edu

Student's Name:

Date of Birth:

Name and Credentials of Evaluator:

Date of Most Recent Evaluation:

Diagnosis (Medical):

Diagnostic methodology used and specific results:

Describe how the student's dietary needs might limit the student's ability to participate in the dining options at the University. Please note that the University dining hall has a G-9 allergens (peanuts, tree nuts, eggs, fish, shellfish, milk, wheat, sesame, and soy) serving section for students with special dietary needs.

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Describe current dietary restrictions or limitations related to their dietary needs. Information about any significant side effects from the current dietary restrictions or limitations and their effect.

Describe expected progression or stability of the student's dietary restrictions/limitations including expected changes over time, information on the cyclical or episodic nature of these restrictions/limitations and any known suspected environmental triggers.

The recommended dietary accommodations are ____ Medically Necessary ____ Medically Beneficial.

Attach any additional information that verifies the functional limitations of the disability.

I certify that the information submitted represents this student's **present level of functioning**.

Signature and Credentials

Print Name

Date

attach business card