

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Dickinson College is committed to the full participation of students with disabilities in all aspects of College life, including dining experiences. A major facet of living at a residential college is dining together, and the opportunity for developing a sense of community that arises in this setting. To this end, all students living on campus are required to purchase a Meal Plan.

Occasionally, students have special needs based on documented health conditions, such as those resulting in certain dietary needs, which may necessitate a dietary accommodation.

Dickinson College offers many dining options capable of accommodating many different dietary needs, including, but not limited to, gluten-free, vegan options, and kosher dining, in addition to a wide array of healthy eating choices. Students living in housing with kitchens may opt for a reduced ("Apartment Flex") meal plan. There are a variety of atmospheres in which students can eat, including our large Dining Hall and several smaller venues across campus. Please visit http://www.dickinson.edu/homepage/346/campus_dining to learn more. Dickinson's Wellness Center also has a dietitian on staff available to work with students with special dietary needs (for more information, go to: http://www.dickinson.edu/info/20243/wellness center/1591/nutrition_services).

Please confirm that this student has authorized you to provide the Dickinson Dietary Accommodations Committee with any follow-up information we may need regarding this student's meal plan accommodation request. If you have any questions regarding the accommodation process, or have additional information to share, please contact Access and Disability Services at (717) 245-1734 or access@dickinson.edu. Thank you for your responses to the questions below.

Studen	t's Name:		Date of Bir	th:				
Care Provider Information			Practice Name and Address (Stamps welcome)					
Prov	ider Name:							
(Credentials:							
	Email:							
	Telephone:							
standing, lifting, bending, speaking, breathing, thinking, conce performing manual tasks, caring for oneself, and the operation include an injury, severe illness, recovery from surgery, or a concentral to the ADA, this individual has a (please select)		ation of major bod a condition caused	dily functions. A temp	orary impairment may				
2.	Please cite the student's diagnosis:							
	Dx #1:	Diagnostic code:						
	Dx #2	Diagnostic code:	Diagnostic code:					
	Dx #3		Diagnostic Code:					
	From the:							
	DSM-IV-TR DS	M-V	ICD-9	ICD-10				

	Permanent Temporary.	The ant	icipated dur	ation	of the condition is	:
4.	(If relevant) The student is allergic to:					
	Triggered by : contact ingest	ggered by: contact ingestion			alation	
5.	Date of diagnosis:	Ma	ade by you?		Yes	
J.	Dute of diagnosis.		ade by you.		No, Dx made by:	
6.	Number of consultations with you in the past 3 years: Date of your most recent evaluation:					
7.	Length of time under your care:					
8.	Currently under your care?	Yes		No,	care ended on:	
9.	Describe any relevant side effects of pres	scription	medication	(s):		
10.	Using as much space as needed, please d	escribe	the type, sev	verity,	and frequency of	symptoms currently
	experienced by the student, and how the	e disabili	ty interferes	s with	eating or dining in	college facilities.
11.	As a reminder, all Dickinson students are following modifications you are recomme	-	-		•	
Beneficial	Critical					
	Access to Gluten-Free food option	ns (includ	ding baked g	oods,	soups, sandwiches	, etc.)
	Access to Dairy-Free food options	;				
	Access to Vegetarian menu option	ns (includ	ding seasona	al/orga	nic/local produce)	
	Access to Vegan menu options (in	cluding	seasonal/org	ganic/l	ocal produce)	
	Access to Kosher menu options					
	Specialized diets for Gastrointesti	nal Disea	ases (e.g., Cr	ohn's,	Colitis, IBS)	
	Specialized diets for Diabetes					
	Menu planning consultation with	Dining S	ervices Staff	:		
	Consultation with Dickinson's Nut	ritionist				

3. This condition is...

		Ability to prepare	some	_ many	_ most	_ all me	als	
		Other (please descri	be the dieta	iry access m	odification	you bel	ieve is necessary)	:
13.		n the rationale for an assuage the limitatio						he standard meal plan
14.	Any fu	rther comments you	feel the Die	tary Accom	modation (Commit	tee should be aw	are of?
4.5								
15. I have attached the documentation with the results of evaluations which led to this diagnosis.								
My signature verifies that I am or have been this student's treating health care professional, that the contents are true and accurate, and that I am not a relative of the student.								
					e stitutetti.			
Care F	Provide	r's Signature	Please si	ign digitally d	or print & sig	ın above	·.	Date
cu.c.	Toriaci	o o ignature		J . J . , .	, ,	,		
THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE STUDENT. IT SHOULD BE SENT DIRECTLY TO DICKINSON.								
THIS COIVILLE LOUIVINS INCT TO BE GIVEN TO THE STODENT. IT SHOULD BE SENT DIRECTLY TO DICKINSON.								
Thoule you for similar and not union this form to Distinguish Assess and Disability Co.								
Thank you for signing and returning this form to Dickinson's Access and Disability Services as soon as possible via one of the means below (in order of efficiency):								
	Fmail			Fax:			US Mail:	

access@dickinson.edu

(717) 254-8139

ADS, Dickinson College PO Box 1773, Carlisle, PA 17013

Questions? Call: 717-245-1734