RUTGERS–NEW BRUNSWICK
Dining Services
Division of Student Affairs

MEDICAL & DIETARY CONSIDERATIONS

Important Notes:

1. All sections of this form must be completed before the request can be processed.
2. If this form is not sent to the Dining Services Nutritionist within 30 days of seeing your private physician/campus clinician, it will become invalid.
3. Completion of this form will initiate a professional review of your nutritional and dietary concerns. Dining Services will work with students with dietary restrictions to ensure a medically appropriate, nutritionally sound diet.
4. After all sections of the form are completed, please email (photo or scan) the form to: nutrition@dining.rutgers.edu. The Dining Services Nutritionist will contact the student to discuss individual dietary needs.
5. **Students who reside in a residence hall will NOT be released from the mandatory meal plan requirement.**

***THE PHYSICIAN/PROVIDER DOES NOT DETERMINE A RELEASE FROM THE MEAL PLAN. ALL STUDENTS RESIDING IN A RESIDENCE HALL ARE REQUIRED TO HAVE A MEAL PLAN. DINING SERVICES WILL WORK WITH STUDENTS ON AN INDIVIDUAL BASIS TO ACCOMMODATE SPECIAL DIETARY NEEDS.**

I. TO BE COMPLETED BY THE STUDENT

NAME: _____ RUID#: _____

CELL PHONE#: _____ EMAIL ADDRESS: _____

RESIDENCE HALL: _____ MEAL PLAN: _____

☐ **I consent to my medical information regarding my accommodation request being shared with Dining Services**

Student Signature: _____

II. TO BE COMPLETED BY PRIVATE PHYSICIAN/PROVIDER OR RUTGERS HEALTH CARE PHYSICIAN/PROVIDER

Describe briefly your medical findings regarding the student's diagnosis and dietary adjustments required. Please include when the diagnosis began and the expected duration.

_____

_____

_____

_____

_____

Physician/Provider or Rutgers Health Care Physician/Provider Signature: _____

Print Physician/Provider Name: _____ Address: _____

License State Number: _____ NPI: _____

Phone #: _____ Date: _____

☐ **Special dietary accommodations not indicated**

Office Stamp (required):