

Important Notes:

- All sections of this form must be completed before the request can be processed.
- 2. If this form is not completed within 30 days of seeing your private physician, 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 who have dietary restrictions to ensure a medically appropriate and nutritionally sound diet.
 - After all sections of the form are completed, please scan and email to nutrition@dining.rutgers.edu. Upon review, the Dining Services Nutritionist will contact the student to discuss individual dietary needs.

TO BE COMPLETED BY THE STUDENT

I.			
NAME:		ID#	:
CELL PHONE#:		EMAIL ADDRESS	:
RESIDENCE HALL:		MEAL PLAN	:
Please describe your dietary restri	ctions and any dietary adjustn	nents you require:	
			ents required. Please include when the
Physician's Signature:		Da	te:
			ss:
· · · · · · · · · · · · · · · · · · ·		Fax	x#:
Review documentation of student While at Rutgers, has the student	dent eaten in places other than	g a specialized diet and perfort the dining halls? If so, where	m indicated exam. / when:
O Gluten free diet	O Nut free diet	O Special ingredient die	*
O Lactose free diet	O High Fiber diet	Other	<u> </u>
O Consultation with Dinin **organic diet is not considered	g Services Nutritionist to dete a valid medical necessity	ermine individual nutrition car	e plan.
Healthcare Provider Signature	I	Date:	Health Center:

THE HEALTHCARE PROVIDER/PHYSICIAN 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.