

## MEDICAL & DIETARY CONSIDERATIONS

## **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.
- 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 <u>nutrition@dining.rutgers.edu</u>. Upon review, the
    Dining Services Nutritionist will contact the student to discuss individual dietary needs.

I. TO BE COMPI	LETED BY THE STUD	ENT	
NAME:		ID#:	
CELL PHONE#:		EMAIL ADDRESS:	
RESIDENCE HALL:		MEAL PLAN:	
Please describe your dietary restri	ictions and any dietary adjustr	ments you require:	
			its required. Please include when the
diagnosis began and expected dur	ation.		
		_	
hysician's Signature:		Date	:
rint Physician's Name:		Address	:
Phone #:		Fax#	:
Review documentation of student While at Rutgers, has the student	dent eaten in places other than	g a specialized diet and perform the dining halls? If so, where/v	when:
Please suggest dining/nutrition	onal accommodations to be co	onsidered for this student:	
O Gluten free diet	O Nut free diet	O Special ingredient diet*	
O Lactose free diet	O High Fiber diet	Other	_
O Consultation with Dinin **organic diet is not considered		ermine individual nutrition care	plan.
ealthcare Provider Signature	ī	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.