SPECIALIZED MEAL PLAN REQUEST FOR MEDICAL REASONS Treating Practitioner's Verification Form

Otterbein University is a residential campus that values the social development and academic success that coincide with the campus dining experience. We will engage in a process to offer solutions for on-campus dining accommodations necessitated by a disability. Medical documentation and preferences will be taken into consideration during that process but may not be equal to the final solutions offered by the university as appropriate on-campus accommodations meant to fulfill the disability-related need. Our goal is to ensure all students have the ability to safely and substantially attend classes, live and dine on campus, and abide by university policy.

Otterbein University is a residential campus with a three-year housing requirement. All students living in the residence halls are required to participate in a full meal plan. Reasonable accommodations are provided to persons with disabilities who have a verifiable need for the reasonable accommodation because of a disability as defined by the Americans with Disabilities Act (ADA) Section 12102 and most needs can be met in campus housing and dining. The student listed below is requesting a specialized meal plan due to medical reasons. The information provided on this form will assist the Director of Dining Services and/or Executive Chef in meeting the needs of the student. A specialized meal plan may include pre-ordered meals, meals cooked to order, carry-out meals and the availability of foods not currently served in the dining hall. The goal of this process is to provide students with the tools they need to actively manage their medical condition within the residential dining program. Meal plan exemptions are not typical and will only be considered by the Director of Dining Services after a specialized meal plan is discussed.

Documentation must be provided by a licensed or credentialed professional, with specific training or expertise related to the condition being diagnosed, who has diagnosed or treated the student within the past 90 days. If this request is due to an allergy, the request must be from a doctor's office, allergy clinic or registered dietician. This request form must be fully legible for processing. Please feel free to attach a typed page with each numbered response.

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION (Student Completes)

I authorize my provider listed below to release health care information to Otterbein University. Furthermore, I authorize my provider to discuss my condition(s) with the appropriate and qualified Otterbein University personnel on an as needed basis.

Provider Name:		Provider Specialty:	
Address:		Phone:	
Street	City	State Zip Code	
Student's Name:		DOB:	
Student's Signature:		Date:	
Otterbein Student ID: Class year: FR SO JR SR			
Parent/Legal Guardian sig	nature is required if the	e student is under 18 years of age.	
Parent/Legal Guardian sign	ature:	Date:	
	TO BE COMPLET	ED BY TREATING PRACTITIONER	
Today's Date:			
1. Please check any of the f	following dietary modifi	ications to the student's medically necessary diet:	
Low Fat	Lactose Free	Gluten Free	
Low Carbohydrate	Soy Free	 Gastrointestinal Diet (Crohn's, Colitis, IBS) 	
Low Cholesterol	Tree Nut Free	High Protein	
Low Calorie	Peanut Free	Shellfish Free	
Other (please describe):			

2. Provide a detailed account of the specific diet the student is required to follow including foods the student can and cannot eat. Please feel free to attach additional sheets as needed.

3. Describe the type, severity, and frequency of symptoms as related to the diagnosis, and how the condition interferes with the student's ability to eat in a dining hall.

MEDICAL/HEALTHCARE PROVIDER INFORMATION

THIS SECTION MUST BE COMPLETED, SIGNED OR STAMPED WITH PROVIDER'S OFFICE INFORMATION *The provider completing this form cannot be related to the student*

I certify, by my signature below, that I diagnosed or am currently treating the student named above.

Return form DIRECTLY to:	Tracy Benner, Director of Residence Life Fax: 614-823-3299	Email: TBenner@otterbein.edu
Phone:	Fax:	
Address:		
State of License:	_ License Number:	
Printed Name and Title:		
		Dute
Provider's Signature	Date:	

Deadline for submission is August 1 for fall semester and December 1 for spring semester.

This information will be shared with the Director of Dining Services and the student will be contacted to meet in person to discuss the specialized meal plan options available.