Medical/Disability Meal Plan Accommodation Request: Initial Meeting Form

Name: ___________________________ Phone: ___________________________ Email: ___________________________

Current Meal Plan: __________ Residence Hall: ___________________________ Class Year: __________

Please describe health issues that affect your ability to eat on campus:
_____________________________________________________________________________________
_____________________________________________________________________________________

Please list known food allergies and intolerances:
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you currently have a diet as prescribed by a medical professional (or other)? If so, describe:
_____________________________________________________________________________________

Please recall your typical food intake for a 24-hour period:

<table>
<thead>
<tr>
<th></th>
<th>Food</th>
<th>Beverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snack #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
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<tr>
<td>Snack #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
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<tr>
<td>Snack #3</td>
<td></td>
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</tr>
</tbody>
</table>

Any other information that would be helpful to share (please use the back if needed):
_____________________________________________________________________________________
_____________________________________________________________________________________

Please note, this form will be shared with both Sodexo and the Health Center Nutritionist. If further accommodation is required, this form will be added to the medical/disability dietary needs team file as well.

Student Signature: ___________________________ Date: ___________________________

Sodexo Dietitian Review (For office use only):

( ) Able to make Meal Plan Accommodation with existing services. Notes: ___________________________
_____________________________________________________________________________________

( ) Able to make Meal Plan Accommodation with the following plan: ___________________________
_____________________________________________________________________________________