

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:

	Food	Beverage
Breakfast		
Snack #1		
Lunch		
Snack #2		
Dinner		
Snack #3		

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: _____
