THE UNIVERSITY OF VERMONT
STUDENT ACCESSIBILITY SERVICES
DIVISION OF STUDENT AFFAIRS

# Dietary-Based Disability Documentation Form

**TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL**

The University of Vermont is committed to the full participation of students with disabilities in all aspects of College life, including dining experiences. A major facet of living at a residential college is dining together, and the opportunity for developing a sense of community that arises in this setting. To this end, all students living on campus are required to purchase a Meal Plan. Occasionally, based on documented health conditions, there are certain dietary needs that may require the implementation of a dietary accommodation.

University of Vermont offers many dining options capable of accommodating many different dietary needs, including but not limited to gluten-free, vegan options and kosher dining, in addition to a wide array of healthy eating choices. There are a variety of atmospheres in which students can eat - ranging from a large Dining Hall to smaller venues. Please visit https://uvmdining.sodexomyway.com/ to learn more.

If you have any questions regarding the accommodation process, or have additional information to share, please contact Student Accessibility Services, at (802) 656-7753 or access@uvm.edu. Please confirm that this student has authorized you to provide Student Accessibility Services with any follow-up information we may need regarding this students' meal plan accommodation request. *This form should be completed by a qualified health care provider, who must have first-hand knowledge of the student's condition and will be an impartial professional who is not related to the student.*

**Student's Name:** _____ **Date of Birth:** _____

## Care Provider Information

**Provider Name:** _____

**Credentials:** _____

**Email:** _____

**Telephone:** _____

*A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, learning, reading, communicating, working, performing manual tasks, caring for oneself, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.*

**Under the ADA, this individual has a**... *(please select)* ____ **Disability or** ____ **Temporary Impairment**

**Please cite the student's diagnosis:**

Dx #1: _____ Diagnostic code: _____

Dx #2: _____ Diagnostic code: _____

Dx #3: _____ Diagnostic code: _____

**Condition is:** ____ **Permanent**

____ **Temporary** **The anticipated duration of the condition is** _____

**Date of diagnosis: _____ Made by you? ____ Yes**

**____ No, Dx made by: _____**

**# of consultations with you in the past 3 years: ____ Date of your most recent evaluation: _____**

**Length of time under your care: _____**

**Currently under your care? ____Yes ____ No, care ended on: _____**

**Medical/therapeutic equipment needed: _____**

**Describe any relevant side effects of prescription medication(s): _____**

_____

**Using as much space as needed, please describe the type, severity, and frequency of symptoms currently experienced by the student, and how the disability interferes with eating or dining in college facilities.**

**Please indicate which modifications you believe are necessary to accommodate the student's medically necessary dietary needs:**

____ Access to the Gluten Free section (including baked goods, soups, sandwiches, etc.)

____ Access to the Dairy Free menu options

____ Access to Peanut and Tree Nut Free menu options

____ Access to Vegetarian menu options (including seasonal/organic/local produce)

____ Access to Vegan menu options (including seasonal/organic/local produce)

____ Access to Kosher menu options

____ Specialized diets for Gastrointestinal Diseases (e.g., Crohn's, Colitis, IBS)

____ Specialized diets for Diabetes

____ Menu planning consultation with Registered Dietician

Other (please describe the dietary access modification you believe is necessary): _____

_____

_____

**13. Explain how this alternative to the standard meal plan would affect the student's underlying condition:**

**14. Any further comments you feel Student Accessibility Services, or the Dietician should be aware of?**

**15. I have attached the documentation with the results of evaluations which led to this diagnosis.**

*My signature verifies that I am or have been this student's treating health care professional, that the contents are true and accurate, and that I am not a relative of the student.*

Care Provider's Signature _____ Date _____

**Thank you for printing, signing and returning this form to Student Accessibility Services, University of Vermont as soon as possible via Email:**

access@uvm.edu

**Fax:** (802) 656-0739

**US Mail:** 633 Main St, A170 Living/Learning, Burlington VT 05405