



# Dietary Accommodations Request Form

To be completed by Licensed Medical Professional.

Lewis University is dedicated to full participation of students in all aspects of college life, including dining services. However, the student below is requesting dietary accommodations for the meal plans offered at Lewis University.

To determine reasonable accommodations for participation, Lewis University requires current documentation from a licensed health care provider. This form must be filled out by a provider that is familiar with the student's condition and cannot be a relative of the student. The provider may also attach a report or plan providing additional related information. Name, signature, title and professional credentials are required.

## STUDENT INFORMATION:

Date of Request: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## MEDICAL VERIFICATION:

Yes, the student is diagnosed with a health condition that limits his/her ability to eat in the college dining facility.

Medical Diagnosis (Example: Celiac's Disease): \_\_\_\_\_

Length of time under your care: \_\_\_\_\_

Description of allergy or food intolerances: \_\_\_\_\_

\_\_\_\_\_

Please check any specific allergens/severe food intolerances:

Milk   Eggs   Soy   Fish   Shellfish   Crustacean   Tree Nuts   Peanuts

Wheat   Soy   Dairy   Other: \_\_\_\_\_   Other: \_\_\_\_\_

Please provide detailed recommendations for dining accommodations. Please be as specific as possible. If a meal plan waiver is recommended, please specify.



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Describe/explain any other alternatives to the standard meal plan that will assist this student:

**LICENSED PROVIDER INFORMATION:**

Provider Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Practice Name and Address (Stamps Welcome)
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Submit the Dietary Accommodations Request form and Related documentation in-person, by fax, email or by mail to:

Learning Access Coordinator, Academic Services  
Lewis University  
One University Parkway, Unit 270  
Romeoville, IL 60446  
Phone: 815-836-5593  
Fax: 815-834-6614  
[learningaccess@lewisu.edu](mailto:learningaccess@lewisu.edu)