**REQUEST FOR DIETARY ACCOMMODATIONS**

**HEALTH CARE PROVIDER FORM**

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| **Student Name:** | **Date of birth:** |

The above-named student is seeking dietary accommodations and has indicated you as the diagnosing provider to document their dietary needs. So that we may evaluate the request for dietary accommodations, please answer each question below as completely as possible and attach any supplementary documentation to this form. Requests will be reviewed on a case-by-case basis by a Committee of Emmanuel College professionals. Thank you in advance for your cooperation in this matter.

This form must be accompanied and supported by the Request for Dietary Accommodations Student Form to begin the accommodation request process.

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| **Provider Name/Title/Qualification:** | **License or Certification #:** |
| **Address/Telephone #:** | **Date of most recent appointment:** |
| **Signature of Provider:** | **Date:** |

\**The provider cannot be a family member of the student.*

1. **What is the student’s specific dietary limitation and severity?**
2. **Please list the specific food allergies or intolerances that are relevant to this accommodation request.**
3. **Please state the requested reasonable accommodation(s) for the student based upon dietary limitations.**
4. **Please provide any other relevant information that you feel is necessary.**

**Please return this form to:**

[**SAA Email**](mailto:SAA%20Email)**:** [**accommodations@emmanuel.edu**](mailto:accommodations@emmanuel.edu)

**SAA Fax: 617-975-9322**

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