



Limestone College

OFFICE OF ACCESSIBILITY

Medical Statement for Students Requesting Dietary Accommodations for Medical Reasons

Student Name	Student DOB
Campus Address and Phone Number	Email Address
Permanent Address	Emergency Contact Information
Medical Doctor Name	Medical Doctor Address and Phone Number

For Medical Doctor Only

Food Allergies and Medical Condition (please circle all that apply) Food Allergy to: Dairy Egg Fish Peanut Shellfish Soy Tree Nut Wheat Other: _____
Gluten Intolerance Yes No
Other medical conditions requiring dietary accommodations (Please be specific):
Diet Prescription: Foods Omitted and Substitutions Omitted Foods: _____ Substitutions: _____
Indicate length of time special dietary accommodations will be required: Ongoing Temporary Start date: _____ End date: _____

I certify that the above named student needs special dietary accommodations as described above due to the student's food allergies and/or medical conditions.

Medical Doctor Signature _____ Date _____