Dietary Accommodations Medical Provider Form

Limestone College works with students to provide accommodations for dietary needs related to medical disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990 and its amendments. ADAA defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population.

Limestone College provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy Limestone College’s dining services.

To be completed and signed by treating medical provider.

1. Please identify the student’s impairment/diagnosis and describe how each impairment substantially limits his/her ability to perform a major life activity as compared to most people in the general population:

2. Please identify if the student is using any measure(s) (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations:
3. Provide the history of the specific medical condition, including date the problem was diagnosed, number of visits related to this condition, treatments, and date of last visit.

4. Please explain how the accommodation is necessary for the resident to use and enjoy the College Dining Plan as compared to a person without a disability. If requesting an exemption from the meal plan, how will not eating in the cafeteria help to alleviate adverse effects of this condition?

5. What special diet is required because of this medical condition? Please include a definitive listing of foods that must be avoided and substitutions (use additional sheet, if necessary). Please be very specific. This will be used to assist Sodexo in accommodating the student's needs.

6. Please identify any other accommodation(s) that may be equally effective in allowing the resident to use and enjoy Limestone College’s dining services:

Medical Doctor Signature __________________________ Date__________________

Email: __________________________ Phone: __________________________

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