

## BOARD PLAN MEDICAL & DIETARY CONSIDERATIONS

## **Important Notes:**

- 1. All sections of this form must be completed before the request can be processed.
- 2. If this form is not completed within 30 days of seeing your private physician, it will become invalid.
- 3. Completion of this form will initiate a professional review of your nutritional and dietary concerns. Dining Services will work with students who have special dietary needs to ensure a medically appropriate and nutritionally sound diet.
- 4. After all sections of the form are completed, please return it to the RU Express/Board Plan Office, Records Hall, Room 102, CAC or feel free to scan and email to ruexpress@dining.rutgers.edu or fax to 732-932-3915. It will then be forwarded to the Dining Services Nutritionist who will contact the student to discuss individual dietary needs.

I. TO BE COMPLETED BY THE STUDENT	.•	•	TO BE	COMPI	LETED BY	THE	STUDENT
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NAME:		ID#:							
CAMPUS OR CELL PHONE#:	_	EMAIL ADDRESS:	·						
RESIDENCE HALL:		MEAL PLAN:							
Please describe the specialized did	etary adjustments you require	:							
II. TO BE COMPLETED BY PRIVATE PHYSICIAN  Describe briefly your medical findings regarding the student's illness and special dietary adjustments required. Please include when the illness began and expected duration.									
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Physician's Signature:		Date							
Print Physician's Name:		Address							
Phone #:		Fax <del>i</del>	<del></del>						
III. RUTGERS HEALTHCARE PROVIDER  Review documentation of student's medical condition requiring a special diet and perform indicated exam.  While at Rutgers, has the student eaten in places other than the dining halls? If so, where/ when:  Please suggest dining/nutritional accommodations to be considered for this student:									
O Gluten free diet	O Nut free diet	O Special ingredient diet*	:						
O Lactose free diet	O High Fiber diet	Other	_						
<ul> <li>Consultation with Dining Services Nutritionist to determine individual nutrition care plan.</li> <li>**organic diet is not considered a valid medical necessity</li> </ul>									
Healthcare Provider Signature	J	Date:	Health Center:						

THE HEALTHCARE PROVIDER/PHYSICIAN DOES NOT DETERMINE A RELEASE FROM THE BOARD MEAL PLAN. ALL STUDENTS RESIDING IN A RESIDENCE HALL ARE REQUIRED TO HAVE A MEAL PLAN. DINING SERVICES WILL WORK WITH STUDENTS ON AN INDIVIDUAL BASIS TO ACCOMMODATE SPECIAL DIETARY NEEDS.