



Accessible Campus Community & Equitable Student Support (ACCESS)

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a Student Success Center, Room 1203, Campus Box 1611, Edwardsville, Illinois 62026-1611

**Dietary Accommodation Request Physician Form**

**Student Information**

Student Name: \_\_\_\_\_

Student 800#: \_\_\_\_\_ Date: \_\_\_\_\_

Have you read and reviewed information about special dietary options available on campus?  Yes  No

Have you previously indicated a need for dining accommodation on your housing application?  Yes  No

Have you already met with Dining Services Director and/or chef?  Yes  No

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

*Upon completion by physician, please return to ACCESS office at Southern Illinois University Edwardsville by email or fax.*

**Licensed Provider Information**

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

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

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

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

***I certify that the information below is true and accurate.***

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

Practice Name and Address  
(Stamps Welcome)

Information about the Student's Disability (An individual with a disability is described under section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits or affects one or more major life activities (i.e. eating, seeing, hearing, etc.) and/or major bodily functions (i.e. digestion, bowel, bladder, immune system, respiratory, endocrine, etc.) *Please be detailed and specific in response to each item as this will assist in evaluating this student's request for dietary accommodation (the provider completing this form should **not** be a relative of the student).*

Yes, the student is diagnosed with a health condition that limits their ability to eat in the SIUE dining facility.

Medical Diagnosis (i.e., Celiac Disease): \_\_\_\_\_

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

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

Please check any specific allergens/severe food intolerances:

Milk  Eggs  Soy  Fish  Shellfish  Crustacean  Tree Nuts  Peanuts  Wheat

Dairy  Sesame  Mammal Derived Meats  Other: \_\_\_\_\_

Please provide a brief description of the major life activity or bodily function that is affected by the disability.

Is there any potential food and medication interaction? Is the student prescribed an EpiPen?

What special diet is required because of this medical condition? (Please include a definitive listing of foods that must be avoided).