

SPECIAL DINING NEEDS FORM

Only dining plan contract holders who have special dining needs are required to complete and submit this form.

Last Name

First Name

Middle Initial Andrew ID

Birthdate

Student Type

Student Cell Phone

Student Personal Email

☐ Pre-College ☐ Incoming First-Year ☐ Upper-class

Special dining requests are subject to recommendation by University Health Services (UHS) based on medical documentation and availability of accommodation. This form is to be thoroughly completed and returned per the instructions at the bottom of this page. UHS will not issue a recommendation without medical documentation and this completed form. **Please include medical documentation (on letterhead and with clinician signature) with the results of evaluations/testing which led to this diagnosis from the specialist/allergist physician.** In order to make a recommendation that best meets your needs, you may be asked to meet with the campus Registered Dietitian. Dining Services will make every attempt to accommodate your dining preferences based on your needs and the recommendation from UHS.

If you have a severe allergy or a medical condition that may require special housing accommodations in addition to dining (i.e. academic, dietary, mobility), this form needs to be turned in by May 25th along with housing accommodations forms. Please refer to the Office of Disability Website for additional information <https://www.cmu.edu/disability-resources/students/obtaining-accommodations.html>.

1. Do you give consent for UHS to speak with your physician? ☐ Yes ☐ No

Student Signature

2. Do you give consent to release medical information pertinent to your dining needs to CMU Housing and Dining Services and the CMU Registered Dietitian? ☐ Yes ☐ No

Student Signature

Please have the physician who is caring for you complete, sign and date this portion of the form:

Physician Last Name, First Name, Middle Initial

Physician Phone Number

Medical Diagnosis with ICD-10 Code

Therapeutic Diet or Dietary Recommendations

Physician Signature

My signature verifies that I am or have been this student's treating health care provider, that I have personally completed this form, that the contents are true and accurate, and that I am not a relative of the student:

Date

The following university offices are available to assist you. Please contact the appropriate office to discuss your needs:

University Health Services: 412-268-2157, option 2
Office of Disability Resources: 412-268-6121
Counseling and Psychological Services: 412-268-2922

Upon completion and submittal of this form, you should expect the following events to occur:

1. UHS will receive your form and review it.
2. If a consultation with UHS is warranted, a staff member will contact you.
3. If a recommendation is determined to be necessary, UHS will forward a recommendation to Dining Services.

Please return this completed form by mail, fax or email to:

University Health Services
Carnegie Mellon University
100 Tech Street Suite 308
Pittsburgh, PA 15213
Fax: 412-268-6357
Email: dav@andrew.cmu.edu

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