

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	MI	Andrew ID
Date of Birth	<input type="checkbox"/> Pre-College <input type="checkbox"/> Incoming First-year <input type="checkbox"/> Upper-class		Summer Phone # & Email Address

TO BE COMPLETED BY STUDENT

Special dining requests are subject to recommendation by University Health Services based on medical documentation and availability of accommodation. This Special Dining Needs Form is to be thoroughly completed and returned to the address at the bottom of this page as University Health Services will not issue a recommendation without this documentation. 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 University Health Services.

1. Do you give consent to speak with your physician?

Yes No

2. Do you give consent to release medical information pertinent to your special dining needs to the Dining Services Registered Dietitian?

Yes No

3. If you believe you will need special accommodations on campus in addition to dining, i.e. academic, dietary, mobility, etc. and would like to have a confidential conversation with a university staff member, please *check here and you will be contacted.*

Yes No

Please have your physician complete, sign and date this portion of the form.

TO BE COMPLETED BY PHYSICIAN

Physician's Last Name	First Name	MI
Physician's Phone Number	Medical diagnosis of condition(s)	
Diet order or dietary recommendation:		
Physician's Signature	Date	

The following university offices are available to assist you at any time. Please contact the appropriate office to discuss your specific need:

University Health Services at 412-268-2157
 Counseling and Psychological Services at 412-268-2922
 Equal Opportunity Services at 412-268-4747

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

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

Please return this completed form to:

University Health Services
 Carnegie Mellon University
 1060 Morewood Avenue
 Pittsburgh, PA 15213
 Fax to 412-268-6357 or
 Email: dd4p@andrew.cmu.edu



Carnegie Mellon University
 Dining Services