

WESTMINSTER COLLEGE

MEAL PLAN ACCOMMODATION REQUEST PHYSICIAN FORM

**This form must be completed by treating physician or appropriate medical professional.
Westminster College reserves the right to contact the physician for verification.**

Student name: _____ Date: _____

Physician's Name & Credential: _____

Physician's Signature: _____

Address: _____ Phone: _____

Westminster College strives to ensure an equitable, inclusive, and safe living environment for all residential students. We hold that campus living is an important and invaluable social experience at Westminster.

Please note that our priority is to make accommodations within our campus. We will work to meet the dietary needs of our students with medical/psychological conditions by meeting with SODEXO staff and providing meal options.

1. Diagnosed medical condition or disability:
Required for completion of this form

2. Describe the impact of the above diagnosis, condition or disability (i.e. severity of symptoms, degree of impairment, etc.):
Required for completion of this form

3. Describe how the patient's living environment may impact his/her diagnosis, condition, or disability:
Required for completion of this form

4. Professional Recommendation(s) for Accommodation: Please provide a *continuum of recommendations* to help ameliorate, reduce, or address the boundaries or concerns indicated below. A specific list of dietary restrictions should be included. **Required for completion of this form**

4a. If recommending exemption from the meal plan requirement please specify why you believe the student's needs cannot be accommodated on campus:

Return to:

Office of Disability Resources, Westminster College, 319 S. Market Street, New Wilmington, PA 16172
Fax #: 724 946-6140