

Concordia College

Dietary Modification Verification Form

- Disability documentation is maintained in the Disability Services office as confidential information and is not available to faculty or staff outside this office without written authorization from the student.
- Documentation released to Dining Services through written authorization from the student is maintained in the Dining Services office as confidential information and is not available to faculty or staff outside of Dining Services without written authorization from the student.
- Dietary Modification Form Process:
 1. Student downloads form and fills out Part A and C.
 2. Student has a licensed physician fill out Part B. This section can only be filled out by a licensed physician.
 3. Student returns form to Disability Services via email, fax or drop off in the office.
 - Parts A, B and C must be filled out completely before returning form to Disability Services.
 4. Disability Services will contact student to discuss final determination.
 5. Disability Services will notify Dining Services of student designation.
 6. Dining Services will contact student for next steps based on Disability Services designation.
 - Next steps may include, but are not limited to, meal modifications, education session or direction to available resources.
- Definition of a Disability:

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a “person with a disability” means “any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment.”

Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The term “physical or mental impairment” includes, but not limited to, such diseases and conditions as:

<ul style="list-style-type: none"> • Orthopedic, visual, speech and hearing impairments • Cerebral palsy • Epilepsy • Muscular Dystrophy • Multiple Sclerosis • Cancer • Heart disease 	<ul style="list-style-type: none"> • Metabolic diseases, such as diabetes or phenylketonuria (PKU) • Food anaphylaxis (severe food allergy) • Mental retardation • Emotional illness • Drug addiction and alcoholism
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Dietary Modification Verification Form

Complete parts A, B & C and return to
Matthew Rutten, Director of Counseling Services
 Email: mrutten@cord.edu

Office: Old Main 109A
 Phone: 218.299.3514
 Fax: 218.299.4557

PART A – STUDENT CONTACT INFORMATION

Student Name (<i>First, Middle, Last</i>):			
Student ID Number:			
Student CC Email:		Student Cell Phone:	

PART B – MODIFIED DIETARY NEEDS (TO BE COMPLETED BY A LICENSED PHYSICIAN)

Specify the diagnosis resulting in menu modifications.

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Provide a description of the diagnostic methodology.

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Specify the medically necessary accommodations related to the condition. (Ex: Omit tree nuts)

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Categorize the condition (Please check one):

<input type="radio"/> Disability (<i>See definition on instructions page</i>)
<input type="radio"/> Food allergy/intolerance or other medical conditions not meeting criteria for disability

If categorized as a disability, what major life activity is affected? (Ex: Tree nut allergy impacts ability to breathe)

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Indicate the length of time the accommodations are required:

<input type="radio"/> Ongoing
<input type="radio"/> Temporary from _____(date) until _____(date)

Licensed physician's information:

Signature:

Date:

Professional's Name
and Title (printed):

License No:

Phone:

Address:

City, State Zip:

Fax:

***Please attach business card below**

PART C – STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the **Counseling Center and Disability Services**
(Print Student Name)
to release information regarding my request for a modified dietary need designation to **Dining Services**.

I understand that only information related to my modified dietary need designation will be released to Dining Services and will remain confidential. ***Please sign below***

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(Student Signature)

(Date)

PART D – STUDENT DESIGNATION (TO BE FILLED OUT BY CONCORDIA DISABILITY SERVICES)

The Modified Dietary Needs Form was received by Disability Services on:

Documentation verifies dietary modifications are medically necessary for a condition classified as a disability.

- The student is referred to Dining Services by:

Documentation verifies dietary modifications are medically necessary for a condition that does not rise to the level of a disability.

- The student is referred to Dining Services dietitian by:

Documentation is insufficient to support dietary modification is medically necessary.

- The student is referred to the Dining Services website for menu and nutrition information.