

STUDENT DISABILITY ACCESS CENTER

Dietary Accommodation Verification Form

Requests for exemption from the campus meal plan should be directed to the Student Disability Access Center by submitting an application and documentation (per the Guidelines for Providing Documentation for Physical Disabilities). Specifically, documentation of food sensitivity, allergy, and restriction should include:

- The condition requiring the accommodation
- The current impact and severity of the condition
- A listing of types of food the student is to avoid with corresponding severity of reaction

This document serves as a supplemental form for dietary accommodation requests, to be filled out by student's treatment provider, including medical doctors, dietitians, nutritionists, and allergists who are appropriately licensed. **Completed forms should be returned to bcstudentaccess@une.edu or via fax to (207) 602-5971.**

Student Name:

Email:

Food Allergies and Medical Conditions (please check all that apply):

☐ Gluten/Wheat	☐ Eggs	☐ Soy
☐ Dairy	☐ Fish	☐ Tree nuts
☐ Peanuts	☐ Shellfish	

Other (please specify):

☐ Gluten Intolerance

Other Medical Conditions requiring Accommodations (please specify):

Does student carry a prescribed epi pen? Yes No

Please indicate what type of reaction or severity of student's allergy/intolerance by circling any of the symptoms illustrated below

SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/ discomfort

Specialist Name: _____

Specialist Signature: _____

Date: _____

License #: _____

Address/Phone: _____
