



# ASSUMPTION COLLEGE

*The College Dining Requests Committee*

## Medical Support Documentation Form

TO: Physician or Other Qualified Professional

FROM: The Business Office, Assumption College

Todd Derderian, Chair of the College Dining Requests Committee: 508-767-7392

The student who sent you this form has requested that Assumption College provide her/him with a Dining accommodation due to a documented eating condition. We require that students request such Dining accommodations in writing, and we also ask that they provide specific documentation from a specialist in the field who can provide a clear and convincing rationale for the requested accommodation.

All documentation and supporting materials must be received by the Business Office at least 14 days prior to the beginning of the semester. You may append additional information to this form. Thank you for your assistance and attention to this matter.

Please note that no requests can be made for a specific Dining arrangement on campus unless this documentation supports a medical challenge that would require a specific Dining regimen that cannot be provided by the College's food service provider.

Please note that this information is considered confidential and will only be shared with members of the College who are involved with making Dining decisions such as the College's Dining Requests Committee.

Please confirm the student's name:

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What is the student's documented dietary condition?

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How long has this student had this condition?

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How long have you been treating this student for this specific condition?

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When was the last time you provided treatment and evaluated this condition?

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Please indicate the specific Dining accommodation(s) you are suggesting for the student that is a part of a traditional College board plan

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Please provide a rationale for this particular accommodation.

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What in your opinion is the expected progression of this condition over time?

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In the event that we need to communicate further regarding this student and his/her condition, please provide us with the following information:

Physician or Qualified Professional's Name

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Phone 

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Fax 

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Signature

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Address:

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Please return completed form to Assumption College Student Health Services by:

Fax to 508-767-7102

or by mail to

Assumption College Student Health Services  
500 Salisbury Street  
Worcester, MA 01609