THE
UNIVERSITY
OF RHODE ISLAND
DINING SERVICES

Medical Statement for Students Requesting Dietary Accommodations for Medical Reasons

STUDENT NAME	STUDENT DOB
CAMPUS ADDRESS	E-MAIL
CAMPUS PHONE #	EMERGENCY CONTACT INFORMATION
PERMANENT ADDRESS	
MEDICAL DOCTOR NAME	MEDICAL DOCTOR PHONE #
MEDICAL DOCTOR ADDRESS	

FOR MEDICAL DOCTOR USE ONLY

FOOD ALLERGIES AND MEDICAL CONDITIONS (please check all that apply.)

FOOD ALLERGY TO: ☐ DAIRY ☐ EGG ☐ FISH ☐ PEANUT ☐ SHELLFISH ☐ SOY ☐ TREE NUT ☐ WHEAT ☐ SESAME ☐ OTHER (Please Specify):

☐ GLUTEN INTOLERANCE ☐ DAIRY INTOLERANCE ☐ CELIAC

OTHER MEDICAL CONDITIONS REQUIRING DIETARY ACCOMMODATIONS (Please Specify):

DIET PRESCRIPTION: FOODS OMITTED AND SUBSTITUTIONS

Please list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

OMITTED FOODS	SUBSTITUTIONS

INDICATE LENGTH OF TIME SPECIAL DIETARY ACCOMMODATIONS WILL BE REQUIRED

☐ ONGOING ☐ TEMPORARY	START DATE:	END DATE:

I certify that the above named student needs special dietary accommodations as described above, due to the student's food allergies and/or medical conditions.

MEDICAL DOCTOR SIGNATURE: **DATE:**

THE UNIVERSITY OF RHODE ISLAND
DINING SERVICES I 10 TOOTELL ROAD, SUITE 2, KINGSTON, RI 02881 I P: 401-874-4856 I F: 401-874-5089