

**BOARD PLAN
MEDICAL & DIETARY CONSIDERATIONS**

Important Notes:

1. All sections of this form must be completed before the request can be processed.
2. If this form is not completed within 30 days of seeing your private physician, it will become invalid.
3. Completion of this form will initiate a professional review of your nutritional and dietary concerns. Dining Services will work with students who have dietary restrictions to ensure a medically appropriate and nutritionally sound diet.
4. After all sections of the form are completed, please return it to the RU Express/Board Plan Office, 4 Jones Ave New Brunswick, NJ 08901, or feel free to scan and email to nutrition@dining.rutgers.edu or fax to 732-932-3915. It will then be forwarded to the Dining Services Nutritionist who will contact the student to discuss individual dietary needs.

I. TO BE COMPLETED BY THE STUDENT

NAME: _____

ID#: _____

CELL PHONE#: _____

EMAIL ADDRESS: _____

RESIDENCE HALL: _____

MEAL PLAN: _____

Please describe your dietary restrictions and any dietary adjustments you require:

II. TO BE COMPLETED BY PRIVATE PHYSICIAN

Describe briefly your medical findings regarding the student's diagnosis and dietary adjustments required. Please include when the diagnosis began and expected duration.

Physician's Signature: _____

Date: _____

Print Physician's Name: _____

Address: _____

Phone #: _____

Fax#: _____

III. RUTGERS HEALTHCARE PROVIDER

Review documentation of student's medical condition requiring a specialized diet and perform indicated exam.

While at Rutgers, has the student eaten in places other than the dining halls? If so, where/ when: _____

Please suggest dining/nutritional accommodations to be considered for this student: _____

Gluten free diet Nut free diet Special ingredient diet* _____

Lactose free diet High Fiber diet Other _____

Consultation with Dining Services Nutritionist to determine individual nutrition care plan.

****organic diet is not considered a valid medical necessity**

Healthcare Provider Signature _____

Date: _____

Health Center: _____

THE HEALTHCARE PROVIDER/PHYSICIAN DOES NOT DETERMINE A RELEASE FROM THE BOARD MEAL PLAN. ALL STUDENTS RESIDING IN A RESIDENCE HALL ARE REQUIRED TO HAVE A MEAL PLAN. DINING SERVICES WILL WORK WITH STUDENTS ON AN INDIVIDUAL BASIS TO ACCOMMODATE SPECIAL DIETARY NEEDS.