

Duke University

Medical Need Special Dietary Accommodation Request

You may request a dietary accommodation if you have a **medical condition** requiring unique food preparation or the provision of specialty foods that **cannot** be provided by Duke Dining. Requests for accommodations will be sent to the **Student Disability Access Office**. **All other special dietary needs/requests will be reviewed and addressed by the Duke Dining Services team.**

Only completed requests are reviewed; completed request consists of this form, documentation from your health care provider (pg 2), and a release of information (pg 3). The medical provider (MD, DO, PA, or NP) cannot be someone with whom you have a significant relationship (e.g. parent, sibling, or other relative). **Recommendations and/or statements included in the medical documentation should not be interpreted as automatic approval.** **The approval or denial will be communicated to the student and to HDRL.**

The approval is 'good' as long as you are a Duke student.

Deadlines for Special Dining Accommodations

July 5	Deadline for requests for First Year Dining Accommodations
November 1	Deadline for requests for Spring Dining Accommodations (upper-class)
July 5	Deadline for requests for Dining Accommodations for Fall Semester

Please note that you will receive notification of the status of your request within four weeks of submission of complete documentation. Requests submitted after the deadline may result in a delay or inability to grant request. You must complete and submit the "Medical Need Special Dining Accommodations" form in addition to the information requested below.

Submit all forms by email to:

Duke Dining Services – [Customer Service](#)
Office Phone: 919-660-3900
dining@duke.edu

FOR STUDENT:

Date of Request: _____

Student Name: _____ Date of Birth: _____

In the space below, please detail your request and the reason(s) for it.

NOTIFICATION OF APPROVAL/DENIAL WILL BE SENT TO STUDENT'S DUKE EMAIL ADDRESS. PLEASE MONITOR THAT EMAIL FOR OUR RESPONSE AND/OR REQUESTS FOR ADDITIONAL INFORMATION.

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Medical Need Special Dietary Accommodation Health Care Provider Instructions/Form

Student Name: _____

Date of Birth: _____

FOR HEALTHCARE PROVIDER:

The above student is requesting to be considered for special dining accommodations at Duke University. Your professional opinion will be used in the consideration of this request. Special dining accommodations are extremely rare and only those students with the greatest medical need(s) will receive special dining arrangements.

The patient listed above cannot be someone with whom you have a significant relationship (e.g. parent, sibling, or other relative).

Without the following information, the request will not be considered:

- Patient's diagnosis and related ICD-10 code _____
- Date of diagnosis _____
- Current Treatment: therapies, interventions, medications including dosage _____

- Statement as to level of severity and the activities impacted by the patient's condition.

- In your professional opinion, what Special Dining arrangements are required?

- How long has the patient been in your care and when was the last visit? _____

You may give this document to the student or forward to:

Duke Dining Services – [Customer Service](#)
Office Phone: 919-660-3900
dining@duke.edu

Please provide detailed information below so that you can be contacted, if necessary.

Provider Name: _____ Provider Signature _____

Practice Name/Address: _____

Tel: _____ Fax: _____

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Medical Need Special Dietary Accommodation Release

I authorize the following offices at Duke University to communicate and share information with one another in regards to my request for special dietary accommodations. Communication will be limited to information specifically related to my request for special dietary accommodations.

Student Health Services
Housing, and Residential Life
Duke University Dining
Student Disability Access Office
Counseling and Psychological Services
Dean of Student's Office

I further authorize the following to communicate and share information with Duke Student Health in regards to my request for special dietary accommodations. Communication will be limited to information specifically related to my request for special dietary accommodations.

My Parent or Guardian
The medical provider completing my Medical Need Special Dining Accommodations

I understand that I may revoke this request for Special Dining Accommodations in writing to HDRL & Student Health.

This authorization and request is fully understood and is made voluntarily on my part.

Date of Release: _____

Student Name: _____

Date of Birth: _____

Student Signature: _____

Duke unique ID # _____

Student's Duke email address: _____

Parent's Signature (If student is under 18): _____

FEDERAL AND STATE LAW PROHIBIT THE REDISCLOSURE OF INFORMATION RECEIVED PURSUANT TO THIS CONSENT.