Duke University  
Medical Need Special Dietary Modification Request

You may request a dietary modification if you have a medical condition requiring unique food preparation or the provision of specialty foods. If you believe that Duke Dining cannot meet your dietary needs you can request an accommodation which will be reviewed by the Student Disability Access Office (you must fill out and send the forms for accommodations directly to 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 4). 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 Duke Dining staff. The approval is ‘good’ as long as you are a Duke student.

**Deadlines for Special Dining Accommodations**

<table>
<thead>
<tr>
<th>Date</th>
<th>Deadline Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 5</td>
<td>Deadline for requests for First Year Dining Modifications</td>
</tr>
<tr>
<td>November 1</td>
<td>Deadline for requests for Spring Dining Modifications (upper-class)</td>
</tr>
<tr>
<td>July 5</td>
<td>Deadline for requests for Dining Modifications for Fall Semester</td>
</tr>
</tbody>
</table>

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 Modifications” 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.
Duke University
Medical Need Special Dietary Modification
Health Care Provider Instructions/Form

Student Name: ____________________________ Date of Birth: __________

FOR HEALTHCARE PROVIDER:
The above student is requesting to be considered for special dining modifications at Duke University. Your professional opinion will be used in the consideration of this request. Special dining modifications 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: ______________________


Duke University

Medical Need Special Dietary Modification 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 modifications. Communication will be limited to information specifically related to my request for special dietary modifications.

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 modifications. Communication will be limited to information specifically related to my request for special dietary modifications.

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

I understand that I may revoke this request for Special Dining Modifications 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