

Duke University

Medical Need Special Dietary Modifications Request

You may request special dietary modifications if you have a medical condition requiring unique food preparation methods, eating practices or specialty foods not served on the Duke campuses. Special dietary requests are routed through Duke Student Health and only completed requests are reviewed. A 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 emotional relationship (e.g. parent, sibling, or other relative). **Recommendations and/or statements included in the medical documentation should not be interpreted as automatic approvals for special housing. The approval or denial will be communicated to the student and to HDRL. The approval is 'good' for the remaining years at Duke.**

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 mail, fax or

Submit all forms to:
Student Wellness Center
Attn.: Jean Hanson, RN. MPH
Associate Director for Outreach
001 Crowell Hall
Tele: (919) 681-3070
Fax: 919-684-1161
Email: jean.hanson@duke.edu
Box 90946, Durham, NC 27708.

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.

Duke University

Medical Need Special Dietary Accommodations 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 emotional relationship (e.g. parent, sibling, or other relative).

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

- Patient's diagnosis and related ICD-9 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:

Student Wellness Center
Attn: Jean Hanson, RN, MPH
001 Crowell Hall
Box 90946
Durham, NC 27710
Fax 919-684-1161

Tel: 919-681-3070

Jean.hanson@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 Accommodations 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, Dining and Residential Life
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.