



Reasonable Accommodation Verification Form for Dietary Accommodations

Limestone University works with students to provide accommodations for dietary needs related to medical disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990 and its amendments. Limestone University provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy Limestone University’s dining services.

Must be completed and signed by treating medical provider.

1. Does the student have a disability? _____Yes _____No

2. Please identify the student’s impairment(s) and describe how each impairment substantially limits his/her ability to perform a major life activity as compared to most people in the general population:

3. Please identify if the student is using any measure(s) (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations:

4. Provide the history of the specific medical condition, including date the problem was diagnosed, number of visits related to this condition, treatments, and date of last visit.

5. Please explain how the accommodation is necessary for the resident to use and enjoy the University Dining Plan as compared to a person without a disability. If requesting an exemption from the meal plan, how will not eating in the cafeteria help to alleviate adverse effects of this condition?



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6. What special diet is required because of this medical condition? Please include a definitive listing of foods that must be avoided and substitutions (use additional sheet, if necessary). ***This section must be completed with specific information as to assist Sodexo in accommodating the student's dietary needs.***

Foods that must be avoided:	Foods that may be substituted:

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. I understand that I may be contacted by the Equity and Inclusion Office to assist in developing a dietary plan to meet the student's needs.

Medical Doctor Signature _____ Date _____

Practice Name: _____

Address: _____

Email: _____ Phone: _____

Please return to:

Selena Blair, Director of Equity and Inclusion

Limestone University

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