

Meal Plan Exemption: Physician's Form

Wheaton College is deeply committed to the full participation of students in all aspects of College life, including the dining experience. As a residential college, Wheaton requires that all students living on campus participate in the meal plan available through the College's Dining Services. Virtually all students' needs can be met through the standard meal plan options. However, students with certain medical conditions whose needs cannot be met through this process may request a meal plan exemption.

Wheaton's Dining Services offers a wide variety of dining options capable of accommodating many different dietary needs. **Students are required to meet with the Director of Dining Services and/or Executive Chef first to inquire about all of the dining options before pursuing a meal plan exemption.** Exemptions will not be considered without first meeting with Dining Services. The goal of this process is to provide students with the tools they need to actively manage their medical condition within the residential dining program. A registered dietician is also available to consult with students as needed.

However, if after consultation and recommended steps, an exemption from the meal plan is requested, a Physician's Form must be provided. The health care provider must be an impartial individual who is not a family member.

Student's Name _____ DOB _____

1. Does this student have a medical condition that requires a specific diet? _____ Yes _____ No
2. If yes, please state the student's diagnosis: _____
3. Severity of the condition: _____ Mild _____ Moderate _____ Severe
4. Date of initial diagnosis: _____
5. Is this student currently under your care? _____ Yes _____ No
If yes, length of time under your care _____
6. Current medications: _____
7. If applicable, please check any of the following dietary modifications to the student's medically necessary diet:

<input type="checkbox"/>	Gluten Free
<input type="checkbox"/>	Nut Free
<input type="checkbox"/>	Shellfish Free
<input type="checkbox"/>	Lactose Free
<input type="checkbox"/>	Soy Free
<input type="checkbox"/>	Vegetarian
<input type="checkbox"/>	Low Calorie

<input type="checkbox"/>	Low Carbohydrate
<input type="checkbox"/>	Low Cholesterol
<input type="checkbox"/>	Low Fat
<input type="checkbox"/>	Gastrointestinal Diet (Crohn's, Colitis, IBS)
<input type="checkbox"/>	Diabetic Diet
<input type="checkbox"/>	High Protein
<input type="checkbox"/>	Other (please describe below):

- 8. Please provide a detailed account of the specific diet the student is required to follow including foods the student can and cannot eat.

- 9. Please describe the type, severity, and frequency of symptoms as related to the diagnosis, and how the condition interferes with the student's ability to eat in a dining hall.

Medical Professional's Contact Information

Medical provider's name (print) Medical provider's signature

Specialty State license number

Office Address: Street, City, State, Zip

Date Phone Fax

PLEASE SEND THIS FORM DIRECTLY TO:

Student Health Services
Wheaton College
26 E. Main Street
Norton, MA 02766
Email: mealplancommittee@wheatoncollege.edu
Fax: 508-286-5409