



Disability Documentation Form for Meal Plan Accommodation

To Be Completed by Student's Health Care Professional

Union University is committed to the full participation of students with disabilities in all aspects of college life, including the dining experience. A major facet of living at a residential college is dining in community. To this end, all students living on campus are required to purchase a university meal plan. Occasionally, students have special needs based on documented health conditions, such as those resulting in certain dietary restrictions, which may necessitate an accommodation to the Meal Plan.

Union University Dining Services offers many dining options capable of accommodating different dietary needs, such as gluten-free, dairy-free, nut-free, and foods free of shellfish. Furthermore, the dining hall staff can prepare meals specifically for students with allergies to ensure foods are free of allergens. We encourage students to meet with Dining Service's staff first to inquire about all the dining options before pursuing a meal plan accommodation.

If you as the Medical Professional have any questions regarding the accommodation process or have additional information to share, **please contact the Director for Disability Services at (731) 661-6520 or ods@uu.edu.**

Please confirm that this student has authorized you to provide the Union University Meal Plan Accommodations Committee with any follow-up information we may need regarding this students' meal plan accommodation request. Thank you for your responses to the questions below.

Student Name: _____

Name and Credentials of the Medical Professional Making the Recommendation: _____

A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, learning, reading, communicating, working, performing manual tasks, caring for oneself, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. Based on this definition, does this individual have a disability? ☐ Yes ☐ No

2. If yes, please cite this student's disability or impairment (using a diagnostic code when appropriate):

3. ☐ The condition is permanent (or) ☐ The anticipated duration of the condition is: _____

4. Date of Diagnosis: _____ ☐ Made by you? If not, by whom? _____

Date of most recent evaluation: _____ Date they first became your patient: _____

5. Currently under your care? ☐ Yes ☐ No If no, when did care end? _____
6. Using as much space as needed, please describe the type, severity, and frequency of symptoms currently experienced by the student, and how the disability interferes with eating or dining in college facilities.
7. Please check any modifications you recommend to the Meal Plan to accommodate the student's medically necessary dietary needs:
- | | |
|-----------------------------------|--|
| <input type="radio"/> Gluten Free | <input type="radio"/> Diet for Gastrointestinal Diseases (e.g., Crohn's) |
| <input type="radio"/> Dairy Free | <input type="radio"/> Diets for Diabetes |
| <input type="radio"/> Vegetarian | <input type="radio"/> Low Glycemic Diet |
| <input type="radio"/> Vegan | <input type="radio"/> Other _____ |
| <input type="radio"/> Kosher | |
8. Explain how this alternative to the standard meal plan would impact the student's underlying condition:
9. Any further comments you feel the Meal Plan Accommodation Committee should be aware of?
10. ☐ I have attached the documentation with the results of evaluations which led to this diagnosis

Health Care Professional's Contact Information
(Stamp or write: office address, phone number, and email)

Signature _____ Date _____

My signature verifies that I am or have been this student's treating health care professional, that the contents are true and accurate, and that I am not a relative of the student.

NOTE: This form is not to be given to the student to submit, but rather to be sent directly to:

Director for
Disability Services
Union University
UU Box 1915
1050 Union University Dr.
Jackson, TN 38305

ods@uu.edu
Fax: 731-661-5192