College of Charleston Dining Services Provider Statement for Meal Plan Accommodation 65 George St., Charleston, SC 29424 | 843.953.5538

Dear Licensed Healthcare Professional,

At the College of Charleston, all first-year residents are required by contract to purchase a qualifying meal plan. One of our students has indicated they are not able to safely eat on their meal plan due to dietary restrictions. Our policies require that students requesting a meal plan accommodation for medical or dietary reasons provide information from the licensed healthcare professional who directly manages the related condition.

Dining Services has a Registered Dietitian on staff to support students who have dietary concerns or needs, and we work with the operations team to accommodate those needs as best we can. Meals in our two residential dining halls are on an all-you-care-to-eat basis and include a wide variety of daily rotating menu choices that include comfort, grill, deli, pizza, pasta, salad, smoothie, soup, vegetarian, vegan, made-without-gluten and two segregated allergy stations, which leave out the top nine allergens (egg, fish, milk, peanut, tree nuts, shellfish, soy, wheat/gluten and sesame). Our third dining hall is a vegan and vegetarian kosher-style establishment with rotating entrees, salads, sandwiches soups, sides, and dessert.

Students who wish to request meal plan accommodations should have their physician or treating provider respond to the areas addressed on this form.

By signing below, the student has agreed that you may provide us with the information we need to evaluate this request.

Student's Printed Name

Student's Signature

Date

I certify that the student named above has the following diagnosis(es) that may affect their ability to safely eat on their meal plan (please include the ICD-10 or DSM-V code):

Summary of procedures and laboratory results used to arrive at the diagnosis:

Explanation of why the regular Dining Services menu with self-selection is detrimental to the student's health:

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Description of the special diet(s) recommended (please attach a copy of the diet to the form, if possible):			
Recommendation regarding whether the student should receive guidance from the Dining Services Registered Dietitian on how to select appropriate food based on the student's diet:			
Please describe the current course of treatment. Is a meal plan accommodation an integral part of the treatment plan? Please explain:			
Estimate of the length of time this diet is needed:			
Please provide any other information that would be helpful in evaluating whether this student would benefit from a meal plan accommodation:			

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Provider's Name and Credentials	Provider's Signature	Date
Address		Phone