

Denison University

Meal Plan Exemption Documentation

INTRODUCTION

Community dining is an integral part of the residential campus experience at Denison University. Exemptions from participation in the required meal plan are made only for verified, health-related reasons. The process for seeking an exemption to the meal plan requirement is outlined below.

The International Classification of Diseases is frequently used as guidance for identifying medical conditions. Diagnosis by a licensed medical professional (a physician, a physician assistant or an advanced practice nurse practitioner) with expertise in the area of concern is required. The healthcare provider must be an impartial evaluator who is not a family member nor in a dual relationship with the student.

Students seeking exemption from the meal plan requirement must agree to release medical information and/or provide documentation to The Wellness Center from a physician, Nurse Practitioner, or Physician Assistant with whom they have an established history. Documentation must include completion of the attached form by the provider.

PROCESS

1. The attached form must be completed by an impartial evaluating physician, Nurse Practitioner or Physician Assistant with whom the student has an established history.
2. Completed documentation must be submitted to the student's MyWellness Portal via document upload.
3. Once appropriately documented through The Wellness Center, the Medical Director and/or the Associate Director of The Wellness Center and/or other university representatives will consult with the General Manager of Dining Services to determine whether the student's special dietary needs can be accommodated on campus.
 - a. If the required diet can be accommodated in campus dining outlets, the student will be contacted and requested to meet individually with the General Manager of Dining Services to make arrangements specific to their needs.
 - i. If, after two (2) weeks, the student is not finding relief of concerns with their dietary accommodation, they may contact The Wellness Center to register a continuing issue.
 - b. If the General Manager of Dining Services indicates that a special diet cannot be accommodated, qualified Denison representatives will release the student from the meal plan.
4. Students released from the meal plan will be billed until the effective date of the exemption.
5. It is the responsibility of the exempted student to resubmit documentation to review their meal plan exemption each academic year.
6. Students who have specific dietary needs, but who do not seek an exemption, should contact the General Manager of Dining Services to discuss their needs.

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ALL QUESTIONS BELOW MUST BE COMPLETED BY A QUALIFIED HEALTHCARE PROVIDER

Note to Providers: This assessment should be current (six months to one year), include a clearly stated diagnosis, and must provide information about the significant impact to a major life function, including those expected for a post-secondary experience.

Student Name: _____ DOB: _____

Healthcare Provider's Name: _____ Credentials and State License #: _____

ICD-10 primary diagnoses: _____

How long have you been providing care to this student for this medical condition?

Date of most recent office visit: _____

Dates of last three visits related to this medical condition 1) _____ 2) _____ 3) _____

Date of onset of most recent episode: _____

Current medications: _____

How has prescribed medication affected the student's functioning?

Current treatments, assistive devices and/or technologies:

What is the severity of the medical condition? Mild ___ Moderate ___ Severe ___

Please explain:

What is the expected duration of the medical condition or disability?

_____ Long term: 3 – 12 months or longer

_____ Short term: 60 – 90 days

_____ Temporary: less than 60 days

Please explain:

Specific duration, stability, or progression of the condition:

Describe the symptoms your patient presently displays:

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Is there evidence that the symptoms currently meet ICD-9 or ICD: _____ Yes ___ No ___

If yes, please describe symptoms and functional impairment.

Please provide a brief summary of clinical and/or observational data (e.g. recent lab/bloodwork results, test results, ongoing therapy):

What is the current impact of (or limitations imposed by) the condition?

Please check the extent to which major life activities are affected by the disabling condition:

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know	Not Applicable
Activities of daily living (bathing, dressing, walking, working, etc.)						
Attending class, lectures, labs, etc.						
Communicating – verbal or written						
Concentrating, learning						
Eliminating (bathroom use)						
Sleeping or waking						
Socializing						
Community dining, eating at restaurants						
Other (please specify)						

Provide recommendations for **campus dining** accommodations (e.g. a locked cabinet in a community kitchen, food prepared in a contaminate-free environment, pre-packaged meals, modified meal plan, etc.). Include a clear rationale between key components (symptoms, functional limitations) of the diagnosed condition and the requested accommodation and any past treatments/accommodations and their effectiveness.

What parts of the student's academic, social, or campus life experience will the student be unable to access without the recommended accommodations?

Medical Provider Signature: _____ **Date:** _____