

**BOARD PLAN  
MEDICAL & DIETARY CONSIDERATIONS**

**Important Notes:**

1. All sections of this form must be completed before the request can be processed.
2. If this form is not completed within 30 days of seeing your private physician, it will become invalid.
3. Completion of this form will initiate a professional review of your nutritional and dietary concerns. Dining Services will work with students who have special dietary needs to ensure a medically appropriate and nutritionally sound diet.
4. After all sections of the form are completed, please return it to the RU Express/Board Plan Office, Records Hall, Room 102, CAC. It will then be forwarded to the Dining Services Nutritionist who will contact the student to discuss individual dietary needs.

**I. TO BE COMPLETED BY THE STUDENT**

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

CAMPUS OR CELL PHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RESIDENCE HALL: \_\_\_\_\_ MEAL PLAN: \_\_\_\_\_

Please describe the specialized dietary adjustments you require: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. TO BE COMPLETED BY PRIVATE PHYSICIAN**

Describe briefly your medical findings regarding the student's illness and special dietary adjustments required. Please include when the illness began and expected duration.

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

**III. RUTGERS HEALTHCARE PROVIDER**

Review documentation of student's medical condition requiring a special diet and perform indicated exam.

While at Rutgers, has the student eaten in places other than the dining halls? If so, where/ when: \_\_\_\_\_

Please suggest dining/nutritional accommodations to be considered for this student: \_\_\_\_\_

- Gluten free diet     
  Nut free diet     
  Special ingredient diet\* \_\_\_\_\_  
 Lactose free diet     
  High Fiber diet     
  Other \_\_\_\_\_  
 Consultation with Dining Services Nutritionist to determine individual nutrition care plan.

**\*\*organic diet is not considered a valid medical necessity**

Healthcare Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_ Health Center: \_\_\_\_\_

**THE HEALTHCARE PROVIDER/PHYSICIAN DOES NOT DETERMINE A RELEASE FROM THE BOARD MEAL PLAN. ALL STUDENTS RESIDING IN A RESIDENCE HALL ARE REQUIRED TO HAVE A MEAL PLAN. DINING SERVICES WILL WORK WITH STUDENTS ON AN INDIVIDUAL BASIS TO ACCOMMODATE SPECIAL DIETARY NEEDS.**