Documentation of Disability/Medical Condition
for Meal Plan Accommodations Request

Note: Lourdes University is committed to providing its students with a comprehensive educational experience. Requiring all students who reside in campus housing to have a meal plan is a part of our commitment to the growth and development of our students inside and outside the classroom. As such, we endeavor to accommodate students' dietary restrictions when possible. Students with medically necessary diets that cannot be accommodated by Lourdes dining hall may be exempt from the meal plan requirement.

Student Name: _____

Medical/Health Care Provider: The above person is a current or entering student at Lourdes University and is requesting accommodations on the basis of a disability and/or medical condition. To consider this student's request for an accommodation, Lourdes University requests documentation of the student's disability/medical condition from the treating and licensed clinical professional or health care provider thoroughly familiar with this student's condition and his/her functional limitations and/or restrictions. Please complete this form in its entirety. If the spaces provided are not adequate, please attach a separate sheet of paper. This information is kept confidential at the highest level possible.

Is the student currently under your care? ____Yes ____No

If yes, for how long have you cared for the student? _____

Diagnosis: _____

Date of Diagnosis/Diagnoses: _____

Date of last visit for this condition: _____

Severity of the condition (check one): ___Mild ___Moderate ___Severe

Please list any current treatment, medications and side effects:

_____

_____

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What factors exacerbate this condition?

_____

_____

Does the student's disability/medical condition significantly limit any major life activities?
If yes, please describe the limitations and/or restrictions in detail.

_____

_____

Please state specific recommendations regarding the accommodation(s) this student needs in relation to the classroom/campus/residence hall environment and explain why such an accommodation is warranted, based upon the student's limitation(s).

_____

_____

Anticipated duration of need for accommodation(s):

_____

_____

If you are related to this student, what is your relationship?

_____

Physician's Signature: _____ Date:_____

Physician's Name: _____ Specialty: _____

License/Cert. # _____ State: _____

Address: _____

Phone: _____ Fax: _____

Information may be forwarded to:
Office of Accessibility Services, Lourdes University
SFH 109, 6832 Convent Blvd, Sylvania, OH 43560
Fax: (419) 824-3753; Phone: (419) 824-3523; Email: oas@lourdes.edu

Please note: General notes or statements without a specific diagnosis history, severity level, limitations, signature, and appropriate provider credentials will not be accepted. Additionally, documentation statements from clinician parents/relatives will not be accepted.

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