



**The Engle Center for Counseling & Health Services
Special Diet Accommodations
and Meal Plan Exception Request Form**

This form may only be completed by an M.D., D.O., P.A. or C.R.N.P.

Name (Last, First) _____ Age _____ D.O.B. _____ Sex M/F _____ Height Weight _____

BMI _____ BP _____ Pulse _____ Medication Allergies: _____

Current Medications:

Current Health Problems:

About DINING SERVICES at Messiah University:

Please note that Dining Services will only accommodate medically necessary diets, not weight loss, organic or food preference diets. Many diet preferences can be accommodated within the framework of the menus at our facilities.

It's important to remember that eating in community is an important part of college life and we strive to maintain this for our students' emotional health and well-being. Restricting foods and food groups is becoming culturally accepted. Unnecessary food restriction could potentially trigger disordered eating during a time in a student's life that is characterized by many changes and increased stress.

For these reasons, we will not approve requests that are not medically necessary. No exceptions.

At the same time, Messiah University recognizes the growing number of food allergies and diet intolerances. In order to accommodate this demand, we offer gluten-free menu options as well as vegetarian options each day in multiple venues. The refrigerator in the food court provides dairy free beverages and gluten free bread options. Multiple food stations provide a variety of food options that can be combined for a complete meal. Special meal requests can also be accommodated as medically warranted.

Therefore, this form should only be completed for those students who have a medical condition who require a medically prescribed and limiting, evidence-based, dietary restriction.

MEDICAL DIAGNOSIS for which dietary accommodation is required: _____

***Required: Provide the ICD-10 code for the medical diagnosis:** _____

Identify any food allergy (accommodation and exemptions are not given for intolerances):

☐ Citrus ☐ Corn ☐ Egg ☐ Fish ☐ Milk/Dairy ☐ Shellfish ☐ Soy ☐ Strawberry ☐ Peanut ☐ Tree Nut ☐
Wheat Other _____

If you have checked yes to any of these, describe the type of **allergic reaction** to the food:

Is complete elimination of this food required for the patient's safety? Yes/No

Why do you believe Messiah University Dining Services **cannot** accommodate this need (see above):

List the medically necessary diet accommodations required to manage the health of this patient:

List medical treatment in case of accidental exposure: _____

Provide and attach medical documentation of food allergy diagnosis (Any and all lab work documenting medical condition) ****THIS IS REQUIRED****

I have seen and examined this patient within the last year and certify that the above named patient has a medical diagnosis that is significant enough to warrant an exclusion from a standard meal plan.

Date of Exam _____ Date form signed _____

Signature of Provider: _____ Print Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

**Fax Health Form to: Attention McKenna Welshans, RD, LDN
The Engle Center for Health Services One University Ave., Suite 3028, Mechanicsburg, PA
17055 Phone (717)691-6035 Fax (717)691-2344**