



CHABAD HOUSE at RUTGERS UNIVERSITY

170 College Avenue • New Brunswick • NJ • 08901

MEAL PLAN MEDICAL & DIETARY CONSIDERATIONS

1. All sections of this form must be completed before the request can be considered and processed.
2. Completion of this form will initiate a 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 based on our menu and make adjustments accordingly.
3. After all sections of the form are completed, please return it to the main office on 170 College Avenue, 2nd Floor. It will then be forwarded to Dining Services who will contact the student to discuss individual dietary needs.

I. TO BE COMPLETED BY THE STUDENT

Name:		Rutgers ID:	
Cell #:	Email Address:		
Residence Hall:		Meal Plan:	

Please describe the specialized dietary adjustments you require:

II. TO BE COMPLETED BY PRIVATE PHYSICIAN OR RUTGERS HEALTHCARE PROVIDER. Required only if medical intervention would need to be provided due to allergies (IE. Epi Pen). Describe briefly your medical findings regarding the student's illness and special dietary adjustments required. Please include when the illness began and expected duration. If needed, please attach an emergency treatment plan.

Print Provider's Name:	Address:		
Phone #:	Fax #:		
Provider's Signature:	Date:		/ /

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 _____

Hospital of preference in the event of an emergency: _____

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

Student's Signature _____