



**MEDICAL & DIETARY CONSIDERATIONS FOR CHABAD HOUSE RESIDENTS**

**Due by August 26, 2016**

1. It is important that we are made aware of any medical conditions or dietary needs that our residents have prior to moving in to Chabad House. This will help us better serve the student's needs.
2. All sections of this form must be completed.
3. If needed, please submit an emergency treatment plan for the student.
4. After all sections of the form are completed, please email/mail to our office.

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

Name:		Rutgers ID:	
Cell #:	Email Address:		
Academic Year:		Meal Plan:	

**Please describe and/or list medical conditions, prescription medications, and/or dietary needs and any adjustments you require:**

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**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) OR OTHER MEDICAL CONDITIONS THAT MAY ADVERSELY AFFECT THE STUDENT OR OTHERS.**

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.

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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: \_\_\_\_\_

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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: \_\_\_\_\_