



MEDICAL & DIETARY CONSIDERATIONS FOR CHABAD HOUSE RESIDENTS

Due by August 25, 2017

1. **This form is not optional. All students must fill it out and return to us by the date above.**
2. 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.
3. All sections of this form must be completed, stamped and signed by a physician.
4. If needed, please submit an emergency treatment plan for the student.
5. After all sections of the form are completed, please scan and email/mail to our office.
6. We do NOT require a copy of your vaccination.

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:

II. TO BE COMPLETED BY PRIVATE PHYSICIAN OR RUTGERS HEALTHCARE PROVIDER.

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: _____