

DOCUMENTATION FOR MEAL PLAN EXEMPTION REQUEST

Student Name: _____ Class Year: _____

Doctor/Medical Care Provider's Name: _____

In order to ensure the provision of reasonable and appropriate accommodations and services, current and comprehensive documentation is required. It should be submitted with professional letterhead and the qualifications of the examiner provided. **A decision on accommodations cannot be made without proper documentation, either through this form and any supporting test results, or through documentation on file with the Carleton Wellness Center.**

Please answer the following questions (please attach additional pages if additional space is required):

1. Specific Diagnosis.
2. Date of the diagnosis and last contact with student.
3. Statement as to the activities substantially limited by the condition and the level of severity.
4. Description of the student's functional limitations or behavioral manifestations in a college residence hall setting.
5. Medical recommendations regarding reasonable accommodations for this student in a college residence hall (based on questions 3 & 4).
6. Copies of tests or laboratory work that support the diagnosis (please attach).
7. Describe the type and frequency of medications taken related to diagnosis.

Documentation will be kept in a confidential file available only to those making the Meal Plan Exemption decisions.

Please return this information to the Office of Residential Life, Carleton College, One North College St., Northfield, MN 55057 FAX: 507-222-7473

Signature of Physician/Medical Care Provider: _____