



LORAS COLLEGE™

Loras College Student Life/Health Center Application to Change Required Meal Plan for **EXTREME MEDICAL CIRCUMSTANCES**

Student Name _____ Loras I.D. # _____

Diagnosis and how long have you treated student for this condition? _____

Diagnostic testing to support diagnosis, results of tests, and dates completed: _____

Medications prescribed to manage condition: _____

Has student met with a dietician to manage the condition and/or understand daily nutritional recommendations? _____

Accommodations or dietary regime you or dietician recommend to assist student with management of this diagnosis:

Is there a negative health impact that may be permanent if request to alter dietary intake is not met? _____

Explain in detail: _____

_____ Is this short or long term? _____

Is the medical condition life threatening if the request is not met? _____

Explain in detail: _____

SIGNATURE AND OFFICE STAMP REQUIRED OF LICENSED M.D. TREATING MEDICAL CONDITION:

Signature

Affix office stamp here.

Specialty area: _____

Today's Date: _____