



LORAS COLLEGE

Health Center

1450 Alta Vista St. | Dubuque, IA 52001 | Phone: (563) 588-7142 | Fax: (563) 588-7659

Application to Change Required Meal Plan

TO BE COMPLETED BY THE ATTENDING PHYSICIAN OR SPECIALIST

Student Name _____ Birth date _____ Loras I.D. # _____

1. How long has this student been under your care? _____

2. Diagnosis? _____

3. Diagnostic Testing and Results? _____

4. Symptoms? _____

5. Name and frequency of medications taken to manage the symptoms: _____

6. Has the student met with a dietician? Yes No

Explain: _____

7. Recommendations from you or the dietician to assist the student in managing their symptoms: _____

8. Would there be a permanent negative health impact if the request to change meal plans is denied? Yes No

Explain: _____

9. Is the medical condition life threatening if the request to change meal plans is denied? Yes No

Explain: _____

SIGNATURE AND OFFICE STAMP ARE REQUIRED FROM THE ATTENDING PHYSICIAN OR SPECIALIST

Signature

Office Stamp