



**Return Form**

MAIL: Student Accessibility Services  
Nazareth University  
4245 East Avenue  
Rochester, NY 14618  
EMAIL: sasoffice@naz.edu  
FAX: 585-389-2499

**Food Allergy & Special Nutrition Form**

**PART I. To be completed by student requesting accommodations**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_ # of credits earned: \_\_\_\_\_

Current Campus Address: Building: \_\_\_\_\_ Room #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Academic Level: New Freshman\_\_\_\_ New Transfer\_\_\_\_ Returning Student\_\_\_\_  
Which semester are you requesting accommodations: Fall\_\_\_\_ Spring\_\_\_\_ Summer\_\_\_\_

Do you have a medical diagnosis (please explain): \_\_\_\_\_

**If yes, please have your primary care provider fill out the Health Provider Statement in part II**

Student's Food Allergy: \_\_\_Dairy \_\_\_Egg \_\_\_Fish \_\_\_Shellfish \_\_\_Soy \_\_\_Wheat  
\_\_\_Peanuts \_\_\_Tree Nuts \_\_\_Gluten Intolerance \_\_\_Other (please specify):\_\_\_\_\_

Other medical conditions requiring dietary accommodations (please specify):  
\_\_\_\_\_  
\_\_\_\_\_

List the types of foods you CANNOT or are RESTRICTED from eating: \_\_\_\_\_  
\_\_\_\_\_

Do you carry an EPI-PEN? \_\_\_YES \_\_\_NO  
Is the EPI-PEN carried with you at all times? \_\_\_YES \_\_\_NO  
Do you have an ALLERGY or ANAPHYLAXIS Action Plan? \_\_\_YES \_\_\_NO  
If yes, please attach a copy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PART II. To be completed by the diagnosing/treating healthcare provider**

Client/Patient Name: \_\_\_\_\_

To assist Nazareth University personnel in determining the need for dining accommodations for your patient, please complete the following information. Please be specific in your responses.

1. Are you the primary care physician or a specialist for this student? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

3. Original date of diagnosis: \_\_\_\_\_

4. Patient's Food Allergy: \_\_\_ Dairy \_\_\_ Egg \_\_\_ Fish \_\_\_ Shellfish \_\_\_ Soy \_\_\_ Wheat  
\_\_\_ Peanuts \_\_\_ Tree Nuts \_\_\_ Gluten Intolerance \_\_\_ Other (please specify): \_\_\_\_\_

5. Medical conditions requiring Dietary Accommodations (please specify and attach documentation including pertinent laboratory/test results supporting the above diagnosis):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List the specific types of foods that they CANNOT or are RESTRICTED from eating:  
\_\_\_\_\_  
\_\_\_\_\_

7. List the specific types of foods that they CAN and are ALLOWED to eat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does patient require an Epi-Pen? \_\_\_ YES \_\_\_ NO

9. Do they self-carry it at all times? \_\_\_ YES \_\_\_ NO

10. Does patient have an Allergy and Anaphylaxis Action Plan? \_\_\_ YES \_\_\_ NO

(If yes, please attach).

**Provider Information**

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

State license #: \_\_\_\_\_

Thank you!

Please return all materials to:

ATTN: Special Dining Accommodations Committee  
Student Accessibility Services  
Nazareth University  
4245 East Avenue  
Rochester, NY 14618  
Email: sasoffice@naz.edu  
Fax: 585-389-2499