

**Verification Form for Dietary Accommodations**

The person providing this form to you has applied for services from Student Accessibility at Alverno College. The form is intended to assist clinicians in providing information so that eligibility for services can be determined. In order to provide reasonable and appropriate services for students with special dietary needs, current sufficient information documenting the condition and associated functional impact is required. The information you provide will not become part of the student’s educational record and will be kept in the student’s confidential file in the Student Accessibility Office.

Please return the completed form to:

Derek Blemberg

Student Accessibility Coordinator

Alverno College

3400 S. 43rd Street

PO Box 343922

Milwaukee, WI 53234-3922

Fax: 414-382-6026

Email: derek.blemberg@alverno.edu

Phone: 414-382-6722

**Name of Student**:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What medical condition or diagnosis requires a special dietary accommodation?
2. Onset date of condition or date of diagnosis:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you make the initial diagnosis? \_\_\_\_Yes \_\_\_\_ No
4. Date you first met with student \_\_\_\_\_\_ Date you last saw student? \_\_\_\_\_\_
5. This condition is: \_\_\_\_\_\_ Temporary \_\_\_\_\_\_\_\_ Permanent
6. Please describe the type, severity and frequency of symptoms experienced by this student related to this condition.
7. How does this condition interfere with the student’s daily living and eating, particularly in a college setting?
8. Are there issues due to airborne contact, cross-contamination, ingesting food only, other, all of the above?

**Provider Information**

Clearly Print Name and Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature

State of Licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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