



Caltech Accessibility Services for Students
 Center for Student Services
 Phone: 626.395.6352 (undergraduates)/626.395.6346 (graduate students)
 Email: cass@caltech.edu

Dietary-Based Disability Documentation Form

Caltech offers many dining options capable of accommodating many different dietary needs, including but not limited to gluten-free, vegan options and kosher dining, in addition to a wide array of healthy eating choices. Ordinarily, undergraduate students living in Caltech housing are required to be on a board plan.

The medical diagnosis information provided herein will be held confidential and will only be released with permission of the student. In addition to the requested information, please attach any other information you think would be relevant to the student's situation. Please contact us if you have questions or concerns. Thank you for your assistance.

Student's Name: _____ Caltech Class: _____

Today's Date _____ Date of Diagnosis: _____

Date Student was Last Seen/Name of Professional: _____

Please cite the student's diagnosis, and the date:

Dx #1: _____

Dx #2: _____

Dx #3: _____

Describe any relevant side effects of prescription medication/s:

Please describe the type, severity, and frequency of symptoms currently experienced by the student, and how the disability interferes with eating or dining in Institute facilities:

Please indicate which modifications you believe are necessary to accommodate the student's medically necessary dietary needs:

	Access to the Gluten Free section (including baked goods, soups, sandwiches, etc)
	Access to the Dairy Free menu options
	Access to Vegetarian menu options (including seasonal/organic/local produce)
	Access to Vegan menu options (including seasonal/organic/local produce)
	Access to Kosher menu options
	Specialized diets for Gastrointestinal Diseases (e.g., Crohn's, Colitis, IBS)
	Specialized diets for Diabetes
	Menu planning consultation with Dining Services Staff
	Bulk purchasing program
	Other (please describe the dietary access modification you believe is necessary):

Explain how this alternative to the standard meal plan would affect the student's underlying condition:

Medical/therapeutic equipment needed _____

Please feel free to attach additional relevant information about student's condition.

CERTIFYING PROFESSIONAL	
Name: _____	
Signature: _____	
License: _____	E-mail: _____
Telephone: _____	Fax: _____
Address: _____	