Dietary Disclosure Form – Student authorization to clinician

Dear __________________________:

Clinician name

I am requesting accommodations from the Disability Resource Center (DRC) at Northeastern University. One element of the process for requesting accommodations is the submission of the Disclosure Form by my treating clinician. The Disclosure Form is attached, along with an explanation of its use and instructions for completion.

☐ I hereby authorize you to complete the attached Disclosure Form and release it to the DRC.

☐ I also authorize you to speak with the staff of the DRC to provide consultation concerning the requested accommodations.

Please submit the completed form to:

Ms. Debbi Auerbach, Service Coordinator

By mail:
Disability Resource Center
20 Dodge Hall
Northeastern University
360 Huntington Avenue
Boston, MA 02115

By confidential fax (617-373-7800) or by email (d.auerbach@northeastern.edu).

Thank you for your timely assistance with this matter.

Sincerely,

_________________________________________  _______________________
Student Signature                         Date

_________________________________________  _______________________
Print Name                                 NU ID#  

If you have questions or concerns about this form, how the information is used, or how best to support the student, we invite you to contact Debbi Auerbach, Service Coordinator, at 617.373.2675 or d.auerbach@northeastern.edu.
Disclosure Form- Dietary

Note to Clinicians-
The following options are offered in our dining halls for students with food allergies:

- Zone 7 is a designated station for guests dining with food allergies and sensitivities.
- Zone 7 operates for both lunch and dinner periods, seven days a week.
- Menu items prepared within the station are made without seven major food allergens – milk, eggs, peanuts, tree nuts, shellfish, wheat, and soy.
- All Zone 7 staff are trained in food allergy awareness.

Other information that may be important:

- Our dining halls offer menu items that have been prepared without gluten containing ingredients (items are labeled avoiding gluten)
- All menu items are able to be pre-viewed ahead of time on the website with ingredient information as well as nutritional content information for serving sizes.
- Menu items and content will also be available on an I-pad set up in each dining location.

1. Diagnosis:________________________________________________________

2. Is there a specific diet the student needs to follow? If so, what is the diet? Please feel free to attach specific diet plans.

3. What is the severity and extent of symptoms if the student is exposed to or ingests the above mentioned foods?

   Ingested-  □ Mild  □ Moderate  □ Severe
   Exposed-  □ Mild  □ Moderate  □ Severe
4. What is the impact of cross-contamination for this student?

5. Are there other considerations that we should be aware of in regards to the student’s ability to eat food in the dining hall in stations where allergens are avoided?

6. Is there any other information that would help us to evaluate the student’s request?

Clinician name:_______________________________________

Clinician’s state licensure/certification:

Specialty:______________________________ Phone:________________

Signature:______________________________ Date:________________