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**Medical Request for Meal Plan Exemption      Part I**

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**DIRECTIONS FOR THE STUDENT:**

If you are requesting special consideration for release from the meal plan for medical reasons, you should complete this form in accordance with the following guidelines:

1. Complete the bottom section of this form and return the form in its entirety to the Registered Dietitian.
2. You are responsible for requesting that your health care provider completes all of the questions on the Health Care Provider documentation list and returns it to us in order for this request to be considered. All medical information and files will be kept confidential.
3. Your health care provider's documentation must provide enough detail to allow the Registered Dietitian, the Director of Resident Dining, and the Auxiliary Services office to make an independent judgment of the need for your request. All requests will be reviewed on an individual basis. The medical provider's area of specialty should coincide with the student's medical request.
4. Exemption from the meal plan cannot be guaranteed.
5. It is important that all deadlines be met in order for a timely decision to be made. Late requests may not be honored.
6. Students who have been released from the meal plan in their freshman year may need to reapply for exemption for their sophomore year and submit updated supporting documentation as necessary.
7. In addition to the necessary documentation, a personal meeting with the dietitian may be required.

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**Medical Request for Meal Plan Exemption**

I am requesting exemption from the Meal Plan normally required of on-campus freshman and sophomore residents because of a medical need or disability. I understand that it is my responsibility to contact my health care provider and to request that the required documentation be forwarded to the Registered Dietitian.

Name (Please Print): \_\_\_\_\_ Class Status: \_\_\_\_\_

UID #: \_\_\_\_\_ NetID: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Current Meal Plan: \_\_\_\_\_

Reason for request (feel free to attach additional pages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Georgetown University Registered Dietitian  
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**Medical Request for Meal Plan Exemption**

**Part II**

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**DIRECTIONS FOR THE HEALTH CARE PROVIDER:**

The Meal Plan is normally required of on-campus freshman and sophomore residents. Please provide information that is in enough detail to allow the Registered Dietitian, the Resident Dining Director, and the Auxiliary Services office to make an independent judgment of the need for the student's request to be exempt from the Meal Plan. For example, if the student's medical request is based upon an allergy, then the documentation should come from an allergist. Please provide clear, specific information and recommendations so that we may thoroughly evaluate the student's request for a meal plan exemption.

**PLEASE NOTE: The health care provider must be an impartial individual who is not a family member.**

**ON LETTERHEAD STATIONERY, PLEASE TYPE RESPONSES TO THE FOLLOWING QUESTIONS:**

- 1) What is your specialty?
- 2) What is the patient's condition?
- 3) How long have you treated this patient for this condition?
- 4) What specific dietary requirements are needed to treat this condition?
- 5) What special meal plan considerations do you recommend based upon the patient's condition? Why?
- 6) Please provide a clear connection between the recommended meal plan request and the impact on the student's condition.
- 7) What current medications or treatments, which may interfere with participating on the meal plan, are being prescribed for this condition?
- 8) What are the ramifications of this medication that might affect the student's health?
- 9) In your estimation, would there be any detrimental effect on this patient's health if the University was unable to grant this special meal plan exemption? If yes, please explain.
- 10) Please sign and forward to the address below.