

MEDICAL VERIFICATION OF FOOD ALLERGIES OR SPECIAL DIET NEEDS

TO BE COMPLETED BY THE TREATING CLINICIAN

Student Name: _____ Date: _____

The student named above has applied for services from the Student Disability Access Center (SDAC) at the University of Virginia. In order to determine eligibility and to provide services, we require documentation of the student's food allergies or specialized diet plan.

- 1. Food allergy(ies) and/or medical condition(s). Please list ICD-10 or DSM-5 code(s), as well as the specific food allergens/sensitivities/restrictions which require a special diet.**

- 2. Date of diagnosis:** _____

- 3. Date student was last seen:** _____

- 4. Medications, such as an Epipen, or other required medical interventions if student is exposed to allergen:**

8. Certifying Professional:

Signature

Date

Name (Please Print)

Title

Name of Agency

Street Address

City/State/Zip

Phone Number

Fax Number

All documentation submitted for consideration to SDAC is confidential. When submitting documentation, **please include a copy of any available releases** allowing communication between the SDAC and the diagnostician. Documentation should be sent to:

Student Disability Access Center (SDAC)
University of Virginia
P.O. Box 800760
Charlottesville, VA 22908

Phone: 434-243-5180
Fax: 434-243-5188

All recommendations are considered. Decisions are made based on the nature of the disability, reasonableness of the request, and academic integrity.