

**MEDICAL STATEMENT TO
 REQUEST SPECIAL MEALS and/or ACCOMMODATIONS**

(1) Name of Participant	(2) Age or DOB	(3) Sponsor	(4) Site
(5) Name of Parent , Guardian or Auth. Rep.	(6) Telephone (Parent , Guardian or Auth. Rep.) ()		(7) Site Telephone Number ()
<p>(8) Must check one:</p> <p><input type="checkbox"/> Participant is disabled or has a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definition on reverse side of this form.) Sponsors must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form.</p> <p><input type="checkbox"/> Participant is not disabled, but is <i>requesting</i> a special meal or accommodation. An example may include a food intolerance. However, food preferences are not included as an example. Sponsors are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or registered nurse must sign this form.</p>			

(9) Disability or medical condition requiring a special meal or accommodation: _____

(10) If participant is disabled, provide a brief description of participant's major life activity affected by disability:

(11) Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation) _____

(12) Indicate texture: Regular Chopped Ground Pureed

Foods to be omitted and substitutions: Please list specific foods to be omitted and suggest substitutions. You may use the back of this form or attach a sheet with additional information.

(13) Foods to be omitted

(14) Suggested substitutions

(15) Adaptive Equipment: _____

(16) Signature of Preparer*	(17) Printed Name	(18) Telephone ()	(19) Date
(20) Signature of Medical Authority*	(21) Printed Name	(22) Telephone ()	(23) Date

*Physician's signature is required for participants with a disability. For non-disabled participants, a licensed physician, physician's assistant, or registered nurse must sign the form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.