

# DISABILITY DOCUMENTATION FORM FOR MEAL PLAN ACCOMMODATION

UNIVERSITY OF VALLEY FORGE - DISABILITY SERVICES

1401 Charlestown Road, Phoenixville, PA 19460 • Phone: 610-917-1465 • Fax: 610-935-9353

Disability Services Phone: 610-917-3913 • Health Center Phone: 610-917-1465

(TO BE COMPLETED BY A MEDICAL PROFESSIONAL)

*The University of Valley Forge (UVF) is committed to all students including those with disabilities participating in all aspects of University life including dining.* UVF strongly encourages students to eat meals together to develop friendships, share ideas and values, and to become a part of the UVF community. Resident students on the UVF campus are required to have a meal plan. On rare occasions a dietary disability may necessitate accommodations to the meal plan. In compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, (ADA), University of Valley Forge has established procedures to ensure that students with documented disabilities have access to reasonable on campus meal plan accommodations.

If you have any questions regarding the meal plan accommodations you may contact Disability Services at 610-917-3913.

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Student Name

The above student has granted me permission to provide medical information to the UVF Meal Plan Accommodations Committee.

Name and credentials of the medical professional completing this form:

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Are you related to the student? If yes, how are you related?

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**The ADA has defined a disability as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person.**

Does this student have a disability? \_\_\_\_\_

*(Celiac disease and food allergies are considered a disability under the ADA.)*

If yes, please indicate the type of disability: \_\_\_\_\_

Are you the medical professional treating the student for their disability? \_\_\_\_\_

Date the student became your patient: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ Who diagnosed the student? \_\_\_\_\_

Date of most recent evaluation: \_\_\_\_\_

*Please describe in detail* the disability, the frequency and severity of the symptoms and why this disability interferes with eating at the UVF Dining Commons.

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How would a meal plan accommodation be beneficial to the student's disability?

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Please provide any further information that will be beneficial to the Meal Plan Accommodation Committee:

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Please attach documentation or results of medical studies/lab work which substantiate this diagnosis.

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Signature

**Office stamp (name and location of practice):**

*This form and documentation is not to be returned to the student but sent directly to the University of Valley Forge.*

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