



MEDICAL VERIFICATION OF FOOD ALLERGIES OR SPECIAL DIET NEEDS

TO BE COMPLETED BY THE APPROPRIATE TREATING CLINICIAN

Name of Student: _____ Date: _____

The student named above has applied for services from the Office of Accessibility Services at NYIT. 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:

5. The noted medical condition(s) or allergy(ies) are:

Permanent/Long-term Temporary/Short-term

Chronic: 6-12 months 6 months or less

Expected duration: _____

6. Level of severity:

Mild Moderate Severe

7. Please use the space below (and additional sheets as needed) to provide any information that would be helpful to OAS staff in considering the dietary accommodations that you are recommending. You may choose to address these questions:

a. Is impact of the condition life threatening if the request is not met? _____

b. Is there a negative health impact if the request is not met? _____

c. What is the likely impact on academic performance if the request is not met? _____

d. What is the likely impact on social development if the request is not met? _____

e. What is the likely impact on level of comfort if the request is not met? _____

f. Is the request an integral component of a treatment plan for the condition in question? If yes, describe the plan for ongoing treatment, including intended treatment providers during the upcoming academic year.

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 OAS is confidential. When submitting documentation, please include a copy of any available releases allowing communication between the OAS and the diagnostician.

Documentation should be sent to:

Office of Accessibility Services
NYIT P.O. Box 8000
Old Westbury, NY 11568
Fax: (516) 686 - 7891
Phone: (516) 686 – 7976

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