



Food Allergies and Dietary Conditions Documentation Checklist and Guidelines

To ensure the provision of necessary and reasonable accommodations and services, students must first submit current and comprehensive documentation to Student Accessibility Services that demonstrates a substantial limitation to one or more major life activities as defined under the ADA-AA.

Please have your licensed health professional use the following checklist to use as a guide to type a detailed statement for consideration of your accommodation request. The documentation must contain the relevant information requested below and that their statement be on letterhead. For more information related to specific diagnoses, please see the reverse.

DIAGNOSIS INFORMATION

- Primary Diagnosis / Diagnoses
- Date of establishment / Age of Onset
- Date of most recent evaluation
- For Food Allergies, please include all allergies and the level of severity

CURRENT IMPACT OF DIAGNOSIS

- Describe the student's condition. Please include how the condition impacts the student, **level of impairment**, progress and/or treatment as applicable.

CURRENT MEDICATIONS

- List any prescribed medications, dosages and any adverse side effects (if applicable).

RECOMMENDATIONS / ADDITIONAL COMMENTS

- Provide a list of recommended accommodations and how they will address the student's specific needs.

EVALUATOR QUALIFICATIONS *(some information may be listed on the letterhead)*

- Signature
- Date
- Full Name of Evaluator
- Professional Title
- License Number
- Address
- Phone Number
- Fax Number

For Students with ***Chronic Health Conditions***:

- Discussion of the impact and severity of the symptoms experienced
- Information on the impact of any relevant co-morbid diagnoses
- Expected Prognosis

*Please return documentation to:
Student Accessibility Services
Worcester State University
486 Chandler Street
Worcester, MA 01602-2597
Fax: 508-929-8214 Email: SAS@worchester.edu*