Accessibility Resources & Services
550 North College Avenue
Claremont, CA 91711
Office: 909.621.8017|Fax: 909.607.7228
Email: Disability@pomona.edu

DIETARY RESTRICTIONS DISABILITY VERIFICATION FORM

TO BE COMPLETED BY TREATING HEALTHCARE PROVIDER: *The student named below is requesting accommodations on the basis of a disability at Pomona College. The information provided here is confidential and will not become part of the patient's educational records.*

SECTION 1: STUDENT INFORMATION

Pomona College has deemed it mandatory for all students to be on a meal plan. Occasionally, students have special needs, which may necessitate accommodations to the meal plan. Exemption from participation in the meal plan is rare and will only be considered when needs cannot be accommodated by Pomona College Dining Services. Please provide as much detail as possible to help us determine appropriate accommodations.

STUDENT NAME: _____ ID:_____ BIRTHDATE (MM/DD/YYYY): _____

SECTION 2: DIAGNOSTIC INFORMATION

1. DIAGNOSIS: _____ DSM/ICD CODE: _____

ONSET DATE: _____ SEVERITY: MILD MODERATE SEVERE IN REMISSION

ANTICIPATED DURATION: CHRONIC/PERMANENT TEMPORARY; EXPECTED TO LAST: _____

2. DIAGNOSIS: _____ DSM/ICD CODE: _____

ONSET DATE: _____ SEVERITY: M

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PLEASE EXPLAIN HOW THE DISABILITY INTERFERES WITH THE STUDENT PARTICIPATING IN THE COLLEGE'S MEAL PLAN AND/OR EATING IN THE COLLEGE'S DINING FACILIT F9 Tw 8.043 0 Tf 0.2211 T0 259u 1.4 (Ad[ONG)-4.6 (E)]TJ 0917.2 Tc 9.97.224239.9 g617.24 6(8 0 Td023 Tf0.2223 T0 259u)-