



Please answer the following questions (please attach additional pages if space is required):

Definition of “Disabled”

Under federal law (ADA), for the purposes of public accommodations, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, hearing disease, diabetes, Human Immunodeficiency Virus infection, intellectual or developmental disabilities, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use.

The term major life activities means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, eating, learning and speaking.

Information Requested

- 1. Is the individual disabled as defined above? Yes No
 - a. Is the individual currently under your care? Yes No
- 2. Does the student require medical/therapeutic equipment? Yes No

If yes, please explain:

Julia Cassell
Director of Accessibility
jcassell@sienaheights.edu

Tel: 517-264-7651
Fax: 833-413-2849

Siena Heights University 1247
East Siena Heights Drive
Adrian, MI 49221



Using as much space as needed, please describe the type, severity, and frequency of symptoms currently experienced by the student, and how the disability interferes with eating or dining in university facilities.

- Life threatening/anaphylaxis (Student carries an epi-pen)
 - Due to airborne contact
 - Due to cross-contamination
 - Due to ingesting food, only
 - Other (please specify)

- High sensitivity, no anaphylaxis
 - Due to airborne contact
 - Due to cross-contamination
 - Due to ingesting food, only
 - Other (please specify)

Describe the requested meal plan accommodation. Please explain how the requested accommodation is necessary to allow equal access to the University's meal plan and facility.

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In addition, mark all that apply.

- Gluten-free menu options
- Dairy and lactose-free options
- Vegetarian menu options
- Vegan menu options
- Access to Kosher menu options
- Specialized diets for gastrointestinal diseases (e.g. Chron's, Celiacs, Colitis, IBS, etc.)
- Other (please describe any modification(s) you believe are necessary; specify other food allergies, sensitivities and/or conditions)
- Exemption from meal plan

If applicable and not already provided, please provide a list of foods that must be avoided (categories) and/or foods that are acceptable (categories).

What are the possible alternatives if meeting your primary recommendation is not possible?

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Documentation will be kept in a confidential file available only to the members of the housing accommodation committee, whose recommendations are based on whether the medical documentation meets the above guidelines. The committee may seek additional information or clarification from the provider as needed.

Signature of Health Care Provider: _____ **Date:** _____

Please include a business card or official letterhead with documentation

Please return completed form to:

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