



Amherst College

Meal Plan Modification: Medical Documentation Requirements

Documentation is required from a qualified medical professional for students seeking a Meal Plan Modification to have to-go containers for medical/dietary reasons. A qualified professional is a person who is licensed or otherwise properly credentialed and possesses expertise in the area for which exemption is sought. Documentation should be completed or provided by a qualified professional (a treating or diagnosing health or mental health professional) and not by a family member or guardian

Medical/dietary documentation should include:

1. A current statement of the diagnosis or extenuating dietary circumstances and date of onset
2. A summary of the procedures and test results completed
3. Duration of the condition (An estimate of the length of time that treatment will be necessary)
4. A statement on whether the condition is likely to progress, stabilize or improve
5. The diet/diets recommended for the student (if applicable)
6. State specifically which food(s) cannot be consumed and what the allergy reaction(s) are (if applicable)

The 6 questions on the form below will address the requirements stated above. The committee welcomes additional supporting documentation to be sent in addition to the form attached.

Documentation should be submitted by the student via the meal plan modification form or to the Amherst College Dietitian at mcutti@amherst.edu.

Disclaimer: The documentation submitted is for review by the Amherst College Meal Plan Committee. Final decision on whether a student is granted an modification is decided solely by the committee. This form and supporting documentation will be used as a factor towards deciding.

**This information will be reviewed by the Amherst College Meal Plan Committee.*



Meal Plan Modification: Medical Documentation Requirements

The questions below are required for those seeking a medical modification for to-go containers. The answers below will be reviewed by the meal plan committee. The committee may follow up with student and/or provider with additional follow up questions if needed.

Please provide name of provider filling out form, facility name and contact number below:

- 1. What are the diagnoses or conditions that would require the student to have regular to-go containers? Please state the specific diagnosis(es).**

- 2. What is the evidence supporting the diagnosis(es)? Please provide a copy of any test results supporting the diagnosis.**

- 3. How long has the student experienced this condition?**

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4. Is the condition likely to progress, stabilize or improve?

5. What diet/diets are recommended for the student (if applicable)

6. State specifically which food(s) cannot be consumed and what the allergy reaction(s) are (if applicable)

**This information will be reviewed by the Amherst College Meal Plan Committee.*