



## **Documentation of Dietary Diagnosis Checklist**

The following information should be provided by a licensed physician who has personally consulted with and assessed the student's needs.

*Please provide all relevant information on the physician's professional letterhead stationary.*

1. A statement of the student's specific diagnosis along with the date of the most recent evaluation.
2. If the student is in the process of evaluation to determine a diagnosis, provide information regarding testing the student is undergoing and the diagnosis that is being considered.
3. The functional limitations imposed by the student's diagnosis and how a dietary accommodation could assist in mitigating limitations.
4. Specific recommendations for a dietary accommodation along with rationale supporting the recommendation.

*Documentation shall also include the following information:*

- Physician's Name
- Speciality
- Address of Practice
- Date of Initial Contact with Student
- Physician's Signature and Credentials
- Date of Letter

Please send the completed letter to:

Bethel University  
Office of Accessibility Resources and Services

Fax: 651.638.6833 / Email: [accessibility-services@bethel.edu](mailto:accessibility-services@bethel.edu) / Phone: 651.638.6833