

University Health Center

Meal Plan Exemption Policy



Students who live on campus are expected to purchase a student meal plan. To request a meal plan exemption, the student must submit a Meal Plan Exemption Form with documentation from a physician diagnosing a medical condition and a specific diet along with lab testing results used for diagnosis. In the event of food intolerance/allergies, the medical provider must state specifically which food(s) you cannot consume and what the allergic reaction(s) are.

The University Health Center Nurse and the Food Service Director will review the meal plan exemption and medical information. If it is determined that the University Food Service cannot provide meals that will conform to the medical needs, an exemption will be approved. Exemptions are made for the current academic year only.

The University Health Center requires a Meal Plan Exemption Form which includes the Physician's Statement with documentation to be submitted when making the request. Forms are available online at cairn.edu/health. Meal plan refunds are based on the last day the meal plan is used.

Please note:

1. A medical meal exemption will not be given based solely on the fact that a student is a vegetarian or that food service does not meet a student's personal food preferences.
2. Students will continue to be charged for meals until a medical exemption is granted in writing.
3. A written statement from a doctor does not guarantee that the student will receive a medical exemption from the meal plan.
4. The health care provider must be a MD, DO, or ND (letters from Chiropractors and Herbalists are not accepted).
5. Students will continue to provide a note from their doctor for each consecutive fall semester that they are requesting exemption. A meeting with Food Service's Director is only required for the initial request.

University Health Center

Meal Plan Exemption Form



Return this form with the required documentation to the University Health Center.

Student's Full Name: _____ **Email:** _____

Request Date: _____ **Exemption Request Semester: Spring:** _____ **Fall:** _____

Meal Exemption Request (based on):

Medical Condition: _____ **Other:** _____

STUDENT STATEMENT:

By signing below, you affirm and agree to/that:

All the policy and conditions listed in the Food Exemption Policy.

All information provided by you and your care provider regarding your request is true and accurate.

Student's Signature: _____ **Date:** _____

PHYSICIAN STATEMENT:

I understand that meal plan exemptions are based on significant or unforeseen medical conditions. The information I have submitted is accurate and should be taken into consideration when reviewing this student's record. I further understand that this information will be presented to Cairn University's Registered Nurse and the Director of Food and Services.

Describe the diagnosed medical condition and a specific diet for:

Student's Full Name: _____

Please attach any lab testing results used to determine diagnosis.

Attending Physician's Signature: _____ **Date:** _____

Name (please print): _____ **Phone:** _____

Clinic/Hospital: _____

Address: _____