

The student named below has applied for a partial or full exemption from the Earlham College on-campus meal plan requirement. In order to determine eligibility for a medical exemption from the college meal plan, we require current documentation of the student's medical diagnosis and dietary restrictions from an impartial qualified medical professional who is not related to the student.

A diagnosis of a medical condition in and of itself does not automatically qualify a student for an exemption; documentation from a qualified medical professional must support the request for an exemption. The information you provide will be kept confidential as required or permitted by law and become part of the student's educational record held in the Office of Residence Life. Please be aware that this documentation may be released to the student at their request.

You may mail, fax, or email the completed form to the Office of Residence Life using the information below. Any additional documentation or recommendations that do not fit on this form can be shared on official letterhead and should include the name of the student and the name of the care provider who is completing this form on behalf of the student.

Please contact us if you have any questions or concerns. Thank you for your assistance.

Submit completed forms to:

Office of Residence Life
801 National Road West
Richmond, IN 47374

TEL: 765 983-1317
FAX: 765 973-2120
EMAIL: reslife@earlham.edu

<http://www.earlham.edu/residence-life/>

TO BE COMPLETED BY STUDENT

Student's Name: _____ Date of Birth: _____ / _____ / _____
MM DD YYYY

TO BE COMPLETED BY CARE PROVIDER

Today's Date: _____ / _____ / _____
MM DD YYYY

What is your specialty?

How long do you anticipate the student would need to remain exempt or receive a reduced meal plan while at Earlham?

Less than six months Six months to one year More than one year

In your professional opinion, would there be any detrimental effect on this student's health if the College did not grant this meal plan exemption request? Please explain.

Is there anything else you believe we should know about the student's condition and/or dietary restrictions?

The information I have submitted is based on professional judgment and is, to the best of my knowledge, accurate and should be taken into consideration when reviewing this student's request. I affirm that this information is not based, in any way, on any personal relationship with the student. I understand that Earlham College may refer this information to other Health Care professionals or referral physicians for a second opinion. I also understand that I may be contacted for additional information should more documentation be needed.

Printed Name: _____

Signature: _____

License Type/Classification: _____

License Number: _____

Issued By (State/Country/etc.): _____

Organization/Practice: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____