

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, the Residence Life and Food Services teams 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 health record held in Student Health Services. Please be aware that this documentation may be released to the student at their request.

Specific information needed for review include the student's medical diagnosis and the diet recommended or required to help with management of their condition. 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. Incomplete forms or missing information may result in a delay in processing the student's request.

Please fax this form to Student Health Services using the information below who will share appropriate information with the team reviewing the student's exemption request.

Submit completed forms to:	
Student Health Services 801 National Road West Richmond, IN 47374	TEL: 765 983-1328 FAX: 765 983-1488 EMAIL: healthservices@earlham.edu

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: _____