

Attachment E

Documentation Form for Medical Conditions/Food Allergies

I, _____, (Print name) as the Participant [Parent/Guardian of _____ (Print name of child/DOB)] authorize the medical provider listed below to communicate with Housing, Dining, and Hospitality (HDH) at UC San Diego regarding my (child's) medical condition and its impact on my (his/her) ability to participate in programs on the UC San Diego campus. This includes any allergies (including food allergies). I understand I have the right to refuse to sign this form, but understand that HDH cannot provide support in the absence of current documentation/collaboration with my (child's) health care providers. I also understand that I may revoke my consent at any time (except to the extent that information has already been released.) This revocation must be delivered in writing to the medical provider listed below. This consent will automatically expire within six months from the date of my signature.

Participant Signature _____

Parent/Guardian Signature (under 18 years old) _____

Request for Medical Information

In order to verify the disability, its severity, its impact on one or more major life activities, and to determine reasonable accommodations, your diagnosis and assessment of this individual is needed. HDH will employ their best efforts to maintain confidentiality and will only share information with Dining personnel, as is necessary to accommodate the participant's needs.

Name/Title of Certifying Professional (Please Print) _____

License # _____ State _____

Address _____

Telephone Number _____ Fax Number _____

Signature _____ Date _____

Name of Participant: _____

1. What is the diagnosis(s)/impairments that you are currently treating?

2. Describe the individual's specific and current functional limitations.

3. Does the individual carry an inhaler for asthma and/or an epi-pen for extreme allergic reactions?

YES

NO

4. Although reasonable accommodations will be determined by HDH based upon the limitations outlined above, please feel free to recommend specific accommodations.

Please return this completed form to:

Jamie Atkinson
Housing•Dining•Hospitality
Conference Services
858.534.7434 (fax)
jatkinson@ucsd.edu

Accommodations cannot be considered until this form is completed. Please submit completed forms **a minimum of two weeks in advance** of participation in activities at UC San Diego.