UNIVERSITY OF CALIFORNIA, SAN DIEGO UCSD

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

HOUSING, DINING, HOSPITALITY (HDH)

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Greetings Conference Participants!

UC San Diego Dining works diligently to reasonably accommodate medically-necessitated, religiously motivated and lifestyle preference-related dietary needs. Our highly-trained culinary team is well-versed in the top food allergens and intolerances and will do their best to ensure your dining experience here on campus is not only safe, but nutritionally-balanced.

- Those with medically-necessitated diets will need to complete this Attachment E Form. The UC San Diego campus procedure requires any dining accommodation related to a medical diagnosis be supported with proper documentation from a physician. You can fax, email, or mail this form to your Conference Coordinator. Also, please communicate your (or your child's) allergen needs to your Group Leader. This will ensure your (or your child's) dietary needs are accommodated when meals are ordered through the Dining department.

  Once documentation has been received, reviewed, and approved, our Dining department will work with the culinary team to accommodate your (or your child's) dietary needs. You (or your child) will need to identify yourself to a dining unit MANAGER when entering the eatery and state your particular food allergy/dietary needs. The manager will then notify the chef of your arrival to the dining unit and your special dietary needs, so your food will be prepared according to our process.

- If you (or your child) prefer a **religious or lifestyle-motivated dietary preference**, please be aware that Dining offers a wide variety of selections daily that accommodate halal and kosher diets, as well as gluten-free, vegan, and vegetarian diets.

- If you (or your child) require **CERTIFIED KOSHER or CERTIFIED HALAL meals**, Dining can provide this service. You will need to complete the section on Attachment E - Page 1 ONLY. Documentation by a physician is NOT required.

Should you have any questions pertaining to our dietary procedures at UC San Diego, please contact UC San Diego directly by sending an email to meetings@ucsd.edu and include the Conference name and date in the subject line. We wish you the best experience in participating in a summer program at UC San Diego and will provide you (or your child) with a wonderful dining experience.

In Good Health,

Aoi Goto

Aoi Goto, MPH, RDN

Please use this table as a guide to determine if you need to complete the Medical Form/Attachment E

Client Concerns Related to Medically Necessitated, Religious & Lifestyle Dietary Needs		
Concern:	**If client indicates the following, refer them to complete Medical Form/Attachment E.**	**If client indicates the following, please refer them to the sample menus, website and mobile app provided.**
[illegible]	• [illegible] contact [illegible]	• [illegible] contact [illegible].
[illegible]	• [illegible]	• [illegible]
[illegible]-Free	• [illegible] risk [illegible]	• [illegible] • [illegible], [illegible]-[illegible].
[illegible]	• [illegible]	
[illegible] Avoidant		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]

Participant Name (print): _____

Conference Name: _____ Dates of Stay: - Dining Location: Faculty Club

Attachment E

Please note UC San Diego Dining Services offers daily selections which meet a wide range of dietary preferences, both religiously and lifestyle motivated. Menus include halal and kosher friendly items, as well as gluten-friendly, vegan and vegetarian choices (see menu options available electronically per request via email).

If you follow a **strict, CERTIFIED KOSHER/CERTIFIED HALAL diet**, please sign here and send the form back to your Conference Service Coordinator. **Do not complete the remainder of this form**.

Name of Participant: _____

Type of Meal Requested (check one): ☐ CERTIFIED KOSHER ☐ CERTIFIED HALAL

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If you are requesting meal plan modifications due to a documented medical condition or food allergy, please complete the consent form in the box below. Page Two of this attachment must be completed by the participant's/child's medical care provider. Accommodations cannot be considered until this form is submitted to: Hospitality & Conference Services

Attn: HC&S Conference Coordinator
Housing•Dining•Hospitality
858.534.7434 (fax)

Please submit completed forms **a minimum of 30 days in advance** of participation in activities at UC San Diego.

I, _____(Print Name), authorize the medical provider listed below to communicate with the Housing, Dining, and Hospitality (HDH) Dietitian. This communication, either written and/or verbal, is limited to information regarding my diet and how my diet affects my stay at UC San Diego. 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 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 and to the HDH Dietitian. This consent will automatically expire within one year from the date of my signature.

Participant Signature: _____

Parent/Guardian Signature (under 18 years old): _____ Date: _____

I, _____, (Print name) as the Participant, or [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) healthcare 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): _____

Date: _____

Documentation Form for Medical Conditions/Food Allergies

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)/impairment(s) 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.

   _____
   _____
   _____
   _____

****

_____ _____-_____

Conference Name Dates of Conference