



Office of Health Services
 MacClosky Townhouse Commons
 515 Loudon Road
 Loudonville, NY 12211
 Telephone# 518-783-2554
 Fax# 518-783-2961

MEAL PLAN WAIVER
DUE TO
MEDICAL CIRCUMSTANCES

TO BE COMPLETED BY LICENSED PHYSICIAN OR MEDICAL SPECIALIST. OFFICE STAMP REQUIRED.

Name of Student: _____ SID # _____
 E-mail address: _____ Cell Phone # _____

- 1 . What is the student's medical condition/diagnosis?: _____

- 2 . How long has the student had this condition? _____

- 3 . Describe the student's current treatment plan (including any medications or special diet: _____

- 4 . Based on the student's current medical condition, please indicate the specific dietary requirement you recommend: _____

- 5 . Please provide comment as to how the special dietary requirement requested will meet the student's needs based on the medical condition described: _____

SIGNATURE AND OFFICE STAMP REQUIRED BY LICENSED PHYSICIAN OR MEDICAL SPECIALIST
Affix office stamp below

Signature

OFFICE USE ONLY			
Request Reviewed: Date _____	Approved _____	Denied _____	Pending _____
By _____			
Student Notified: Date _____	By: E-Mail _____	Letter _____	
Residence Life Notified: Date _____	By: E-Mail _____	Letter _____	
Dining Services Notified: Date _____	By: E-Mail _____	Letter _____	

Please return this completed form to: Siena College Health Service
 MacClosky Townhouse Commons
 515 Loudon Road, Loudonville, NY 12211-1462