



HOUSING, DINING, HOSPITALITY (HDH)

Aoi Goto, MPH, RDN Registered Dietitian

(858) 534-2008

HDHdietitian@ucsd.edu

9500 GILMAN DRIVE LA JOLLA, CALIFORNIA 92093-0351

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 or email 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, and Lifestyle Dietary Needs		
Concern:	If client indicates the following, refer them to complete Medical Form (Attachment E).	If client indicates the following, refer them to the dining location managers for assistance with menu options.
Medically Necessitated Diet due to Food Allergy	Carries prescribed epinephrine and/or suffers adverse reactions when exposed to foods that may have been exposed to cross-contact with allergen noted.	Can make choices without concerns related to cross-contact on buffet menu choices offered daily.
Medically Necessitated Diet due to Heart Disease, Diabetes, Low Sodium	Requires a meal prepared void of any additional seasonings, spices, or oils.	Can manage own diet through standard menu choices available.
Gluten-Free	Celiac disease, gluten intolerance, and/or other conditions that require a complete gluten-free diet without any risk of cross-contact.	Prefers to follow gluten-free diet has gluten intolerance, however, is able to make own choices at buffet-style menu without concerns regarding cross-contact.
Kosher and Halal	Requires certified kosher or certified halal meal: complete Attachment E (Page 1).	This request can be met with standard menu choices. Attachment E not necessary.
Vegan, Vegetarian, Gluten Avoidant		This request can be met with standard menu choices. Attachment E not necessary.

Participant Name (print): _____

Conference Name: _____

Dates of Stay: _____

-

Dining

Location: _____

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

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:

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) as the Participant, or [Parent/Guardian of _____ (Print name of child/DOB)], authorize the medical provider listed below to communicate with appropriate parties at 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 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 prescribed epinephrine 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