Celiac/Gastrointestinal Disease Verification Form

East Carolina University’s Campus Dining, Student Health Services and Disability Support Services are committed to supporting students with Celiac and other gastrointestinal disorders as they impact the nutritional options available on campus. This form should be completed by your Medical Doctor or Gastroenterologist.

To be completed by the student:

Name: __________________________  Banner ID: _____________________________________________

By my signature below I hereby authorize my health care provider _________________________________ to furnish the following information to Disability Support Services (DSS) at East Carolina University. I further agree that DSS or Student Health Services may contact my health care provider named above to obtain additional information related to my limitations and recommended accommodations.

_________________________                    ____________
Signature  Date

To be completed by the health care provider:

Nature of the GI disease process: ___________________________________________________________

Is the condition: mild moderate severe

Date of diagnosis:______________________________  Date of last visit:_________________________

Dietary restrictions imposed by the disorder, please be specific about foods that must not be ingested:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

In case of exposure to restricted items, how has the student been instructed to respond?

___ administer Epi-pen

___ call 911

___ take prescribed oral medications  other: _________________________________________________

Provider Information

Name: ______________________________  Area of specialty: ___________________________________
Practice Address: _______________________________________

Phone: ____________________  Fax: ____________________________________
Signature: _________________________  Date: ____________________