Please submit completed form to: nutritionist@stanford.edu

R&DE Stanford Dining 2021-2022 Dietary Accommodations Form

Name:			SUID#:
Stanford Email:			Phone:
Status: Fresh	nman 🗆 So	phomore	☐ Junior ☐ Senior ☐ Grad Studen
Campus Resider	nce:		<u>or</u> □ Housing not yet assigned
Assigned Dining	Hall:		
Please specify a	ny food allergi	es/intolera	nces:
	Intolerance	Allergy	Severity & Symptoms (please describe)
Coconut			
Eggs			
Fish			
Milk			
Peanuts			
Sesame			
Shellfish			
Soy			
Tree Nuts			
Wheat/Gluten			
Describe any into	olerances, alle	rgies or fo	ods you avoid that are not listed above:
Do you carry an	epipen? □ Ye	es 🗆 No	

Are any of your allergies airborne? ☐ Yes ☐ No				
Please specify any dietary preferences:				
□ Vegetarian □ Vegan □ Halal □ Kosher □ Other				
Comments:				
Are you registered with the Office of Accessible Education (OAE)? ☐ Yes ☐ No				
If yes, please list your Disability Advisor:				
Would you like to receive email updates from the Food Allergies @Stanford program?				
□ Yes □ No				

Date of consultation:				
Notes:				