

Please submit completed form to: [nutritionist@stanford.edu](mailto:nutritionist@stanford.edu)

## R&DE Stanford Dining 2021-2022 Dietary Accommodations Form

Name: \_\_\_\_\_ SUID#: \_\_\_\_\_

Stanford Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Status:  Freshman  Sophomore  Junior  Senior  Grad Student

Campus Residence: \_\_\_\_\_ *or*  Housing not yet assigned

Assigned Dining Hall: \_\_\_\_\_

Please specify any food allergies/intolerances:

	Intolerance	Allergy	Severity & Symptoms (please describe)
Coconut	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Milk	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sesame	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tree Nuts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheat/Gluten	<input type="checkbox"/>	<input type="checkbox"/>	_____

Describe any intolerances, allergies or foods you avoid that are not listed above:

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Do you carry an epipen?  Yes  No

