Conference Group Name; Dining Location; Meal Dates (to be filled in by UCSD Conference Services)

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 on page 4 and page 5).

If you follow a <u>strict, CERTIFIED KOSHER/ CERTIFIED HALAL diet</u>, please sign here and send the form back to your Conference Service Coordinator. This meal will require a nominal fee. <u>Do not complete the remainder of this form</u>.

CERTFIED KOSHER

CERTIFIED HALAL

Name of Participant:

Type of Meal Requested (circle):

| ********************** | | | | |
|--|--|--|--|--|
| If you are requesting meal plan modifications due to a <u>documented medical condition or food allergy</u> , 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: Conference Services Attn: (Name of Conference Coordinator) Housing • Dining • Hospitality 858.534.7434 (fax) | | | | |
| Please submit completed forms <u>a minimum of 30 days in advance</u> of participation in activities at UC San Diego. | | | | |
| I,, (Print name) as the Participant [Parent/Guardian of (Print name of child/DOB)] authorize the medical | | | | |
| provider listed below to communicate with 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 allergies (including food allergies). | | | | |
| 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) health care | | | | |
| 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 (Pleas | se Print) | | |
|------------------|--|---------------------|--|--|
| License # | | State | | |
| | SS | | | |
| Telephone Number | | | | |
| Signature | | Date | | |
| Name | of Participant: | | | |
| 1. | What is the diagnosis(s)/impairments that you are currently treating? | | | |
| | | | | |
| 2. | Describe the individual's specific and current functional limitations. | | | |
| | | | | |
| 3. | Does the individual carry an inhaler for asthma and/or an epi-pen 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. | | | |
| | | | | |
| **** | ********** | ************** | | |
| | Conformation Name | | | |
| | Conference Name | Dates of Conference | | |

DocFormMedicalConditionsHDH_11.13.14 Forms will be shredded at the culmination of Summer 2016.

Please use this table as a guide to determine if you need to complete the Medical form/Attachment E

| Clients Concern Related to Medically Necessitated, Religious & Lifestyle | | | | | |
|--|---|--|--|--|--|
| Dietary Needs | | | | | |
| Concern: | If client indicates the following, refer them to complete Medical Form/Attachment E. | If client indicates the following, please refer them to the sample menus, website and mobile app provided. | | | |
| Medically Necessitated Diet due to Food Allergy | Carries epi-pen and/or suffers adverse reactions when exposed to foods that may have be exposed to cross-contamination with allergen noted | Can make choices without concerns related to cross-contamination on buffet menu choices offered daily | | | |
| Medically Necessitated Diet: 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 chance of cross contamination. | Prefers to follow gluten free diet Has gluten intolerance however is able to make own choices at buffet style menu without concerns regarding cross contamination | | | |
| Certified Kosher or Certified Halal Request | Requires certified kosher or certified halal meal. Complete Attachment E. | | | | |
| Vegan, Vegetarian, Gluten Friendly | | Standard menu choices will meet this request. Attachment E not necessary. | | | |
| Kosher/Halal Friendly | | Standard menu choices will meet this request. Attachment E not necessary. | | | |
| Ramadan | | Ramadan Meal Procedure with Box Meal Procedure for Meal before Sunrise and Meal after Sunset. Attachment E not necessary. | | | |

UC San Diego Conference Services Summer Menu Sample

HDH Dining Services takes great pride in serving you a wide variety of fresh, seasonal menu choices during your stay on campus. Please take a look at the variety of menu choices available breakfast, lunch and dinner through our buffet style of service.

All menus include daily healthy options often including one or more of the following: halal, vegan, and/or gluten friendly. If you have any questions at all, please be sure to refer to our dining menu website (http://hdh.ucsd.edu/DiningMenus/) or download our mobile app for UCSD and search dining.

Breakfast Selections

Continental Offerings

Scrambled Eggs & Egg Whites, Potatoes and Refried Beans

Hot & Cold Cereal Selections

Fresh Fruit & Yogurt Bar

Specialty Baked Goods (Muffins, Donuts, Breads)

Breakfast Proteins

(Bacon, Sausage, Veggie Sausage)

Selected Breads

Whole Wheat, White & English Muffin; glutenfriendly upon request.

Daily Hot Breakfast

Includes a rotation of pancakes, waffles, breakfast pizzas, casseroles, and skillets.

Lunch Selections

Market Salad Bar

Fresh produce, seasonal fruits, cottage cheese, cold salads and a variety of lean proteins such as hard cooked eggs, turkey, chicken and/or tofu

Daily Soups

Hot soups and chili will be served daily

Pizza & Pasta Station

A selection of 2 pastas with a choice of 3 sauces and variety of daily rotating pizza offerings

Hot Grill Choices

A selection of hamburgers, grilled cheese, veggie burgers, hot dogs, corn dogs and grilled/fried chicken fritters.

Delicatessen

An assortment of sandwiches and wraps; gluten-friendly options upon request.

Desserts

A rotating variety of cookies, brownies, ice cream and other yummy treats!

Lunch Special

ATTACHMENT E - Page 4

Includes a variety of options, ranging from Teriyaki Tri Top with Steamed Broccoli and Jasmine Rice to a Fajita Station with Roasted Corn and Spanish Rice

Dinner Selections

Market Salad Bar

Fresh produce, seasonal fruits, cottage cheese, cold salads and a variety of lean proteins such as hard cooked eggs, turkey, chicken and/or tofu

Daily Soups

Hot soups and chili will be served daily

Pizza & Pasta Station

A selection of 2 pastas with a choice of 3 sauces and variety of daily rotating pizza offerings

Dinner Special

Includes a variety of options, ranging from Beef Bourguignon with Egg Noodles and Parsley Carrots to Seafood Veracruz with French Green Beans and Brown Rice

Desserts

A rotating variety of cookies, brownies, ice cream and other yummy treats!

UNIVERSITY OF CALIFORNIA, SAN DIEGO

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SANTA BARBARA • SANTA CRUZ

Greetings Conference Participants!

UC San Diego Dining works diligently to reasonably accommodate medically necessitated, religiously motivated and lifestyle preference 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 Attachment E/Medical Form (see link below for form and additional information). 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, e-mail or mail 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 catering department.

http://conference.ucsd.edu/docs/MedicalConditions.pdf

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 to your special dietary needs so your food will be prepared according to our allergen accommodation process.

- If you (or your child) prefer a **religiously or lifestyle motivated dietary preference**, please be aware that Dining offers a wide variety of selections daily that accommodate halal and kosher friendly diets, as well as gluten-friendly, vegan and vegetarian lifestyles. (Please refer to pages 3-5 of Attachment E for menu samples and other helpful information.)
- If you (or your child) require a **CERTIFIED KOSHER or CERTIFIED HALAL MEAL**, please be aware dining can provide this service for a nominal fee. You will need to complete the section on Attachment E Page 1 ONLY requiring notification of the certified kosher meal and associated costs. 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 including 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.