



BOSTON COLLEGE

Documentation Guidelines for Medically Restricted Diet

Appropriate disability documentation must be provided by the student when registering with the Disability Services Office to help assess the student's needs for reasonable accommodations for a medically restricted diet. Documentation will be treated as a confidential and reviewed only by appropriate administrators, including the Administrative Dietitian. If the Administrative Dietitian needs to contact the healthcare provider for further clarification on documentation, the student will be asked to supply written consent.

Documentation of the need for a medically restricted diet for a diagnosed condition must include the following:

A letter from a licensed primary healthcare provider or specialty physician with relevant experience in treating the diagnosed condition and who has examined the student within the last year. The letter must outline the medical condition; supporting medical history, physical exam, and diagnostic test results; and prescribed nutrition treatment.

Letters written by healthcare providers who are related to the student will not be accepted.

Physical exam criteria and diagnostic test results to support the diagnosis of a food allergy include those recommended in the National Institutes of Health, National Institute of Allergy and Infectious Diseases ("NIAID") Guidelines for the Diagnosis and Management of Food Allergy in the United States. Non-standardized and unproven procedures not accepted by NIAID will not be accepted as adequate documentation of a food allergy diagnosis. Unacceptable procedures or tests include, but are not limited to: cytotoxicity assays, mediator release assay, allergen specific IgG4, provocation neutralization, and electro dermal testing. Such tests are associated with a lack of evidence demonstrating validity and/or reliability in diagnosis of a food allergy, delay of appropriate therapy, or unnecessary dietary restrictions that could lead to nutritional deficiencies because of false positive results, and false negative results that could lead to dangerous consumption of an allergen.

Self-diagnosis, parental diagnosis, or diagnosis by a non-licensed provider of food allergies, food intolerance, or nonceliac gluten intolerance without medical corroboration as described above will not be accepted as valid documentation. Self-diagnosis of food allergies, gluten intolerance or food

intolerance can lead to misdiagnosis and possible delay of treatment for another disorder as well as unnecessary dietary restriction that can compromise nutritional health.