



EGUSD FOOD & NUTRITION SERVICES MEDICAL STATEMENT FOOD SUBSTITUTION AND/OR ACCOMMODATIONS

1. TSEV KAWM NTAWV/AGENCY EGUSD	2. LUB TSEV KAWM NTAWV	3. TSEV KAWM NTAWV XOVTUOJ
4. NPE NTAWM TUS NEEG	5. NUBNYOOG LOSSIS NUB YUG	
6. NPE NTAWM NIAMTXIV	7. XOVTUOJ	

8. KHIJ IB LUB:

Tus neeg no xiam oob qhab lossis muaj mob thiab yuav tsum tau npaj zaub mov noj tshwjxeeb rau nws lossis ua kom haum rau nws noj. (mus saib rau kev qhia txhais lidas nyob rau daim ntawv sab nraud). Cov tsev kawm ntawv thiab cov chaw agencies uas tau txais thiab koom nrog rau federal nutrition programs yuav tsum ua raws li qhov uas tau thov tuaj rau kev ua cov zaub mov noj tshwjxeeb thiab tej yam khoom siv uas yuav tsum tau muaj los pab thiaj noj tau zaub mov. **Ib tus licensed kws khomob yuav tsum suam npe rau daim ntawv no.**

Tus neeg no tsi xiam oob qhab, tiamsis yuav tsum tau ncaiv tej yam zaub mov noj. EGUSD Food thiab Nutrition Services yuav ua kom zoo li zoo tau los ua kom haum rau qhov kev thov tuaj thiab mam hais qhia rau lub tsev kawm ntawv cov neeg ua haujlwm hauv tsev ua mov noj (cafeteria) kom paub txog qhov kev txwv tsi pub noj tej yam khoom thiab tsuas pub noj tau tej yam xwb vim noj tsi tau lossis muaj mob. Kev uas xav xaiv noj zaub mov xwb yuav tsi yog siv daim ntawv no. **Ib tus licensed kws kho mob, tus pab tus kws khomob, lossis tus nurse yuav tsum tau suam npe rau daim ntawv no.**

9. XIAM OOB QHAB LOSSIS MUAB MOB DABTSI UAS YUAV TSUM TAU HLOOV ZAUB MOV NOJ LOSSIS UA KOM HAUM RAU KEV NOJ:

10. YOG TUS NEEG NO XIAM OOB QHAB, QHIA TXOG QHOV UAS UA RAU NWS LUB NEEJ NYUAJ TSHAJ VIM YOG XIAM OOB QHAB:

11. KEV NOJ ZAUB MOV UAS KWS KHO MOB KOM YUAV TSUM TAU NOJ/LOSSIS YUAV TAU UA LI CAS THIAJ HAUM : (THOV QHIA KOM MEEJ THIAJ YUAV PAUB UA KOM HAUM)

12. QHIA SEB XAV KOM NPAJ LICAS RAU YAM KHOOM NOJ NTAWD:

Ua li niaj zaus
 Muab txhoov
 Muab zom kom mos
 Muab zom kom ua kua

13. ZAUB MOV UAS TSI PUB KOM NOJ THIAB YUAV TSUM TAU MUAB HLOOV: (THOV TEEM COV ZAUB MOV UAS TSI PUB KOM NOJ THIAB SEB XAV KOM MUAB HLOOV RAU DABTSI. YOG KOJ MUAJ NTAU DUA UAS YUAV SAU NTXIV KOJ SAU TAU RAU LWM DAIM NTAWV THIAB MUAB TOM NROG UAKE)

A. Zaub mov uas tsi pub kom noj	B. Xav kom muab hloov rau
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14. KHOOM UA SIV LOS PAB RAU NWS KEV NOJ MOV:

15. TUS UAS SAUM DAIM NTAWV NO SUAM NPE*	16. SAU NPE UA TEJ TUG NTAJ NTAWV TSIS SIS CAB	17. XOVTUOJ	18. HNUB
19. TUS KWS KHO MOB SUAM NPE*	20. SAU NPE UA TEJ TUG NTAJ NTAWV TSIS SIS CAB	21. XOVTUOJ	22. HNUB

*** Tus kws khomob yuav tsum yog tus saum npe nkaus xwb yog hais tias tug neeg ntawd xiam oob qhab. Yog rau cov uas tsi xiam oob qhab no ces tus licensed kws khomob, tus pab tus kws khomob, lossis tus nurse yuav tsum tau suam npe rau daim ntawv no.**

Cov kev qhia nyob hauv daim ntawv no yuav tsum yog muaj raws li uas muaj tamsim no uas qhia txog kev muaj mob/ lossis kev uas yuav tsum tau noj zaub mov kom haum rau tus neeg.

Raws li Nom tswv kevcai Federal laws thiab U.S. Department of Agriculture policy, txwv tsi pub lub agency no kom xaiv ntsej xaiv muag los ntawm haivneeg, xim qaj tawv, tuaj qhovtwg tuaj, pojniam txivneej, nubnyoog, lossis xiam oob qhab. Yog xav sau daim ntawv tsis txaus siab (complaint)vim muaj kev xaiv ntsej xaiv muag, sau ntawv tau rau USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, lossis hu rau 202-720-5964 (voice and TDD). USDA yog ib qhov chaw haujlwm pab kom muaj kev ncaj ncees sis luag sis xws.

MEDICAL STATEMENT TO REQUEST FOOD SUBSTITUTION AND/OR ACCOMMODATIONS

Kev qhia

1. **School/Agency:** Sau lub npe lub tsev kawm ntawv lossis agency uas muab daim ntawm no rau cov niamtxiv.
2. **Site:** Sau lub npe tsev kawm ntawv lossis lub chaw uas nws yuav tau txais cov mov noj ntawd (e.g., lub tsev kawm ntawv, chaw uas zov menyuam, community center, etc.)
3. **Site Telephone Number:** Sau tus xovtooj ntawm lub chaw uas yuav tau txais cov zaub mov noj. Saib qhov #2.
4. **Name of Participant:** Sau tus menyuam lossis tus neeg laus uas hais hais txog nyob rau daim ntawv no lub npe..
5. **Age of Participant:** Sau lub nubnyoog rau tus neeg uas yuav tau txais kev pab no. Yog rau cov menyuam mos liab sau nub yug.
6. **Name of Parent or Guardian:** Sau niamtxiv los tus saib xyuas npe uas tau hais tuaj txog tus neeg kev noj qab haus huv.
7. **Telephone Number:** Sau tus xovtooj ntawm niamtxiv lossis tus saib xyuas.
8. **Check One:** Khij (✓) ib lub box seb tus neeg no puas xiam oob qhab los tsis xiam oob qhab.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** *Qhia txog seb muaj mob dabtsi thiaj yuav tsum tau ua cov zaub mov noj tshwjxeeb lossis hloov kom haum rau nws noj. (e.g. xws li menyuam muaj tshav qabzib, phiv noj tsi tau txiv laum fuabxees etc.)*
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Qhia seb nws kev xiam oob qhab ntawv cev qaij daim tawv lossis kev muaj mob no ua rau nws xiam oob qhab lossis nyuaj licas. Pev txwv: "Noj tsi tau txiv laum fuabxeem vim phim loj heev yog noj, qhov no ua tau rau tuag tau."
11. **Diet Prescription and/or Accommodation:** Qhia meej meej sev noj zaub mov lossis yuav hloov kom haum licas uas tus kws kho mob kom yuav tsum tau noj, lossis qhia kev noj uas muab hloov mentsis rau tus neeg uas tsi xaim oob qhab. Pev txwv: "txhua yam zaub mov uas noj yuav tsum yog ua kua nkaus xwb lossis muab zom kom ua kua lossis zom kom mos ua kua xwb. Vim tus neeg no noj tsi tau cov khoom noj uas tawv lossis tsi ua kua.
12. **Indicate Texture:** Khij (✓) ib lub box qhia seb yuav tsum tau npaj cov zaub mov noj licas. Yog hais tias tus neeg no tsi kom hloov ib qhov twg li no ces khij qhov uas hais tias "Regular"
13. **A. Foods to Be Omitted:** Sau cov zaub mov noj uas tsi pub noj. Pev txwv, "tsi pub haus mis nyuj."
B. Suggested Substitutions: Sau cov zaub mov noj uas yuav tsum muaj rau hauv nws cov zaub mov. Pev txwv, "mis taum."
14. **Adaptive Equipment:** Qhia kom meej seb cov khoom uas nws yuav tsum muaj siv thiaj noj tau mov yog dabtsi. (Pev txwv li lub khob haus dej uas muaj ib qhov rau qus dej kom yoojyim, ib tsab diav noj mov uas muaj tus tes tuav uas loj)
15. **Signature of Preparer:** Tus neeg uas pab ua daim ntawv no saum npe.
16. **Printed Name:** Sau tus neeg uas pab ua daim ntawv no lub npe tiamsis sau ua tej tus ntsiaj ntawv tsi sis cab.
17. **Telephone Number:** sau tus xovtooj ntawm tus neeg uas pab ua daim ntawv no.
18. **Date:** Hnub uas tus neeg pab ua daim ntawv no suam npe.
19. **Signature of Medical Authority:** Tus kws kho mob uas tau hais kom npaj cov zaub mov noj tshwjxeeb lossis hloov tej yam zaub mov noj kom haum suam nws lub npe.
20. **Printed Name:** Sau tus khws kho mob lub npe tiamsis sau ua tej tus ntsiaj ntawv xwb tsi sis cab.

21. **Telephone Number:** Sau tus xovtooj ntawm tus kws kho mob.
22. **Date:** Hnub uas tus kws kho mob suam npe rau daim ntawv no.

DEFINITIONS* (Cov lus txhais):

"**A Person with a Disability**" txhais hais tias yog ib tus neeg uas nws lub cev xiam oob qha lossis xiam hlwb uas uas rau nws ua tsi tau ib yam lossis ntau dua nyob rau hauv nws lub neej, thiab muaj ntau ntawv teev cia tias yeej muaj li ntawd tiag.

"**Physical or mental impairment**" txhais tias (a) tsi hais yam kev mob rau lub cev ntaj nrug lossis mob zoo licas, mob ua rau lub ntsejmuag puas tsi zoo, lossis muaj ib los ntau yam mob rau lub cev xws li : mob rau tej leeg; mob

raws leeg pobtxha,; mob plawv, siab, ntsws; ua tsi tau pa, mob rau hla ncaj pas, mob plawv, mob tsev menyuam, mob plab hnyuv, mob chaws mos tso tsi tau zis; hemic thiab lymphatic; mob rau cov tawv; thiab endocrine lossis (b) xiam hlwb lossis muab mob rau lub cev, xws li ruam, muaj teebmeem rau lub hlwb, muaj kev tu siab lossis xiam hlwb thiab lwm yam kev xiam oob qhab uas ua rau nws kawm tsi tau ntawv.

“Major life activities” Yog kev uas tu tau yus tus kheej, ua tau haujlwm, taug kev, pom kev, hnov lus, hais tau lus, ua taus pa, kawm tau ntawv thiab mus ua tau haujlwm.

“Has a record of such an impairment” Txhais hais tias muaj ntaub ntawv qhia txog nws keeb kwm kev mob hais tias yeej xiam hlwb lossis muaj mob rau nws lub cev tiag (lossis tsi muaj mob) uas ua rau nws ua tsi tau ib lossis ntau yam nyob rau hauv nws lub neej.

(*Citations from Section 504 of the Rehabilitation Act of 1973)