Medical Statement
Participants without Disabilities

Parte I Para ser completada por el patrocinador o del padre/tutor
Part I To be completed by Sponsor or Parent/Guardian

Nombre del participante: _____

Parte II Para ser completada por una de las siguientes autoridades médicas
Part II To be completed by one of the following medical authorities: Medical Doctors (MD), Physician's Assistants (PA), Registered Dietitians (RD), Nurse Practitioners (NP), Registered Nurses (RN), Naturopathic Physician (ND), Doctor of Osteopathy (DO), and Naturopathic Doctor of Osteopathy (NDO)

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the patient's diet):

_____

_____

_____

_____

List foods to be omitted from diet:

_____

_____

_____

_____

_____

List foods to be substituted:

_____

_____

_____

_____

_____

Date _____ Signature of Medical Authority_____

USDA y esta institución son proveedores y empleadores que ofrecen oportunidad igual a todos.