



# Diocese of Columbus

## Form 16: Physician's Letter of Disability

Date : \_\_\_\_\_

To whom it may concern:

\_\_\_\_\_ is a patient of mine who has been diagnosed with Celiac Disease.

The only known treatment for Celiac Disease is a gluten-free diet. A gluten-free diet is 100% elimination of the protein "gluten" found in wheat, rye, barley, & contaminated oats from one's diet.

Please take this into account when reviewing/developing reasonable accommodations for this student.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Physician's contact information