

Sick Meal Order Form

Name _____
 Email Address _____
 TitanID Number _____
 Date Order Placed _____
 Pick-up Person _____



We ask that you print this form and fill it out completely. Also if you are sick, please refrain from picking up your own meals, for the health and safety of other students on campus. We ask, instead, that you send a friend to pick up your meals. This friend must bring with them your completed form, as well as your TitanCard. A Scotty's employee will then fill out the meal order and will send it with your friend. For each item, please just place an X or a check mark in the box as the directions for each category state. One meal will be scanned for each meal you request.

Illness (Please check one)	Dietary Needs (Please check all that apply)
<input type="checkbox"/> Cold <input type="checkbox"/> Flu	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Allergies (List Below)

Option 1 Flu Days 1 & 2	Soup (Please check one)	Sides (Please check all that you would like)	Beverages (Please check one)	Meal Quantity	
	<input type="checkbox"/> Vegetable Beef <input type="checkbox"/> Chicken Noodle <input type="checkbox"/> Tomato <input type="checkbox"/> Chicken Ramen	<input type="checkbox"/> Saltine Crackers <input type="checkbox"/> Applesauce <input type="checkbox"/> Jello Cup	<input type="checkbox"/> Sierra Mist <input type="checkbox"/> Bottled Water <input type="checkbox"/> Apple Juice <input type="checkbox"/> Hot Tea		
Option 2 Lunch/Dinner	Soup (Please check one)	Sides (Please check all that you would like)	Beverages (Please check one)	Entrées (Please check one)	Meal Quantity
	<input type="checkbox"/> Vegetable Beef <input type="checkbox"/> Chicken Noodle <input type="checkbox"/> Tomato <input type="checkbox"/> Chicken Ramen	<input type="checkbox"/> Saltine Crackers <input type="checkbox"/> Applesauce <input type="checkbox"/> Jello Cup	<input type="checkbox"/> Bottled Water <input type="checkbox"/> Apple Juice <input type="checkbox"/> Orange Juice <input type="checkbox"/> Hot Tea	<input type="checkbox"/> Easy Mac <input type="checkbox"/> Cup of Noodles	
Option 2 Breakfast	Entree (Please check one)	Sides (Please check all that you would like)	Beverages (Please check one)	Meal Quantity	
	<input type="checkbox"/> Oatmeal	<input type="checkbox"/> Banana <input type="checkbox"/> Applesauce	<input type="checkbox"/> Bottled Water <input type="checkbox"/> Apple Juice <input type="checkbox"/> Orange Juice <input type="checkbox"/> Hot Tea		

I give permission for this person to pick up my meals and use my meal plan card in order to purchase them. I also state that I have answered the questions on the back of this form to the best of my ability.

Signature _____ Date _____

In order to help us monitor the illnesses on campus, please let us know what symptoms you are experiencing.

Symptoms (check as many as apply):

Fever, average temp. _____

Chills

Cough

Runny nose

Stuffy nose

Sore throat

Body aches

Headache

Nausea

Diarrhea

Others: _____