



## SICK MEAL FORM

If you are feeling under the weather, simply have your roommate or friend bring this slip into the Sodexo office and within a half an hour we will have your requested meal prepared for you. We will deduct a meal from your meal plan. If you need meals for more than two consecutive days, we will require a note from Health Services.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Date and Time \_\_\_\_\_ Phone # \_\_\_\_\_

### Choice of Sandwich or Main Entrée

Sandwich:

Ham                  Turkey                  Roast Beef                  Roasted Vegetable

Cheese:              American                  Swiss                  Provolone                  Cheddar

Other                  Lettuce                  Tomato                  Onion

Entrée: (For information check the BITE app or call 203-837-8670 (Midtown) or 203-837-3992 (Westside))

Accompaniments:

Soup of the Day                  Potato Chips                  Pasta with Marinara

Beverages:

Bottled Water                  Juice (please specify)                  Soda (please specify)

What type of Juice/Soda \_\_\_\_\_

All meals will include: A piece of fruit, a cookie, condiments, and utensils/napkins

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Email form to [donald.grayson@sodexo.com](mailto:donald.grayson@sodexo.com)