

Sick meal options for on-campus residents with flu-like symptoms

Meal options:

- The pre-set menu is based on medical advice for foods best tolerated when ill with flu-like symptoms. The emphasis will be on keeping hydrated.
 - Broth soups - chicken noodle, chicken broth, etc.
 - Jell-O or popsicles
 - Juice or white soda
 - Crackers
 - Bread for toast (muffin, bagel)
- After the nausea has passed, a box lunch will include:
 - Sandwich
 - Fruit
 - Fruit juice or milk
- For special dietary needs, contact Ms. Amy Gundersen at 785-6480

How to request a meal:

- The student with flu-like symptoms should have a friend pick up the sick tray request form for students with flu-like symptoms* at the front desk of the residence hall.
- The student should complete the form. A friend should bring the form to Whitney Center to pick up the meal. Pick up is only available when Whitney Center is open.

*See the second page of this document for a form.

Tips to prevent sickness:

- Cover nose and mouth with a tissue when coughing or sneezing.
- Wash hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
- Avoid touching eyes, nose, or mouth.
- Try to avoid close contact with sick people.
- The Center for Disease Control (CDC) recommends that individuals sick with flu-like symptoms stay home for at least 24 hours after the fever is gone except to get medical care or for other necessities. (The fever should be gone without the use of a fever-reducing medicine.) Additionally, minimize interactions with others as much as possible to avoid spreading the illness.

Questions:

Questions can be directed to Mary Beth Vahala, association director of Dining Services, at 608-785-8888 or vahala.mary@uwlax.edu, or Leslie Svacina, graduate assistant, 608-785-8902 or svacina.lesl@students.uwlax.edu.

Last updated 9/21/09

University Centers

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Phone: 608.785-8888, Fax: 608-785-6575

**SICK TRAY REQUEST
FOR STUDENTS WITH FLU-LIKE SYMPTOMS**

Date: _____ ID#: _____

Name: _____ Phone: _____

Residence Hall: _____ Room Number: _____

Circle your meal plan: 19 14 10 Reuter Block

Circle method of payment: Meal Dining Dollars

Indicate if you require any dietary needs or a vegetarian meal: _____

Signature: _____ Date: _____

Please complete this form and have a friend bring it to Whitney Center when they pick up your meal.

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