

# Food Allergy Form

※Please complete the form if you have ever been diagnosed with food allergies.  
(Skip if not applicable.)

Japanese Reading		Sex	M • F
Name		Age	
Emergency contact name		Relationship	
Emergency contact phone no	-		-
Period of travel (YY/MM/DD)	/ / ~ / /		

(※Form must submitted at least 1 month before the date of travel)

**①Please circle how allergenic ingredients should be handled as is advised by your doctor,**

Circle for all appropriate options regardless of cooking method (e.g. raw, cooked)

**Processed products and additives may contain traces of allergens.**

		Allergen	Stock bases & extracts ※1	Contamination ※2
1	Eggs	Must remove	Must remove	Special care needed
2	Dairy	Must remove	Must remove	Special care needed
3	Wheat	Must remove	Must remove	Special care needed
	Soy sauce	Must remove	Must remove	Special care needed
	Miso (barley miso)	Must remove	Must remove	Special care needed
4	Buckwheat (soba)	Must remove	Must remove	Special care needed
5	Peanuts	Must remove	Must remove	Special care needed
6	Shrimp	Must remove	Must remove	Special care needed
7	Crab	Must remove	Must remove	Special care needed

※1 'Stock bases & extracts' refer to products made from the allergenic ingredient.

※2 'Contamination' refers to small traces of the allergenic ingredient brought in by oils made by the ingredient, or by cooking utensils through cross contact during meal preparation.

If you have circled any options for ※1 or ※2, you may receive an individual consultation from the staff.

If your doctor has advised you to avoid any other ingredient not mentioned in the table above, write them down clearly in the following space. While we will prepare your meals without these ingredients, please be aware that there may be instances of contamination found in processed products or through cross contact during meal preparation — the staff will approach you individually to consult the specific details.

**②Do you carry any allergy medication?**

Yes (oral/injections)    •    No

**③In the instance of an allergic reaction, I must follow instructions given by an attending doctor concerning treatment, medication and the timing for visiting a hospital.**

Yes, I understand. (Please check the box)

This questionnaire is shared by accommodation facilities and travel agencies for the safety of clients with food allergies, and is not used for any other purposes.

The facilities and agencies will be responsible for storing and disposing the questionnaires while taking special care in handling personal information.

Please sign and submit the form if you agree to the conditions above.

Date (YY/MM/DD)

Name:

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