

Food Allergy / Vegetarian form

Please fill in by yourself or your guardian!

✂Please send this form by 1 month before arrival date.

Group name _____ individual name _____

Contact number _____

The date of use _____ to _____

allergen	Degree of removal	Please fill in the details
egg	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> possible by heating	
	<input type="checkbox"/> others (please fill in the right column)	
egg based processed products	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> mayonnaise acceptable	
milk	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> others (please specify in the right column)	
milk based processed products	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> others (please specify in the right column)	
beef meat	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> others (please specify in the right column)	
pork meat	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> others (please specify in the right column)	
chicken meat	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> others (please specify in the right column)	
soy and soy based processed products	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> seasoning acceptable	
wheat and wheat based processed products	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> seasoning acceptable	
Other allergens	Degree of removal	Please fill in other relevant issues here
()	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> others (please specify in the right column)	
()	<input type="checkbox"/> complete removal	
	<input type="checkbox"/> heated processed products acceptable	
	<input type="checkbox"/> processed products acceptable	
	<input type="checkbox"/> others (please specify in the right column)	
<please fill in any circumstances requiring special care here>		

✂please copy the necessary number of sheets!