Food Allergy 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 us　　to

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

※please copy the necessary number of sheets!