

FUJIYA HOTELS & RESORTS

Food Allergy Questionnaire

1. Basic information on use

Entry date: yyyy / mm / dd

Name(The person concerned)			
Male / Female		Years old	
Name(Person making the reservation)			
Times of use (Please Circle the times of use)			
①	yyyy / mm / dd	Venue to use (if decided)	
	Morning (:) · Noon (:) · Evening (:)		
②	yyyy / mm / dd	Venue to use (if decided)	
	Morning (:) · Noon (:) · Evening (:)		

2. About allergen ingredients

① Specified raw materials (8 items)

Allergen	Stock or extract	Heated	Remarks (ability to eat depending on the part or processing, etc.)
<input type="checkbox"/> Shrimp	OK/Not OK	OK/Not OK	
<input type="checkbox"/> Crab	OK/Not OK	OK/Not OK	
<input type="checkbox"/> Wheat	OK/Not OK	OK/Not OK	
<input type="checkbox"/> Buckwheat	OK/Not OK	OK/Not OK	
<input type="checkbox"/> Eggs	OK/Not OK	OK/Not OK	
<input type="checkbox"/> Milk	OK/Not OK	OK/Not OK	
<input type="checkbox"/> Peanuts	OK/Not OK	OK/Not OK	
<input type="checkbox"/> Walnuts	OK/Not OK	OK/Not OK	

② Items equivalent to specified raw materials (20 items*) and other items

Allergen	Stock or extract	Heated	Remarks (ability to eat depending on the part or processing, etc.)
	OK/Not OK	OK/Not OK	
	OK/Not OK	OK/Not OK	
	OK/Not OK	OK/Not OK	

* Items equivalent to specified raw materials (20 items):

abalone, squid, salmon roe, orange, cashew nuts, almonds, beef, sesame, salmon, mackerel,soybeans, kiwi fruit, chicken, banana, pork, matsutake mushroom, peach,yam, apple, gelatin

3. Allergy symptoms

What kind of symptoms do allergy-provoking foods cause in you? Please be specific.

To avoid damaging the health of our guests, we may not be able to provide meals in the following cases:

- Cases where we are requested to provide meals with allergens totally removed
- Cases where symptoms are critical (dyspnea, impaired consciousness, anaphylaxis, etc.)

The information you provide will only be used to ensure your food safety and to respond to allergic reactions. In the event of an emergency, the information may be provided to medical institutions. We will not use this information for any other purpose.

Please sign upon consenting to the attached For Customers with Food Allergies sheet . and our handling of personal information

yyyy / mm / dd

Signature:
