

## Checklist of Dietary Restrictions, Food Allergies and Religious Restrictions

Program CEMS

Name \_\_\_\_\_

Please answer following questions regarding food restrictions.

Do you have any food restrictions such as allergy or by religious reasons?	Check Box (✓)
NO, I do not have any food restrictions.	
YES, I have food restrictions.	

Please check (✓) on the checklist below if you have food restrictions. Please also indicate how serious the allergy is (e.g. you need to avoid all the food cooked in the same kitchen etc.) If you check “Others”, please specify the food in brackets.

Category	Check Box (✓)	Food
Egg		Chicken egg
		Fish egg
		Others ( )
Dairy		Milk
		Cheese
		Butter
		Yogurt
		Others ( )
Meat		Chicken
		Beef
		Pork
		Others ( )
Legumes		Soybean (including soy products)
		Nuts
		Others ( )

Continued to the next page

Grains		Brown rice
		Polished rice
		Buckwheat
		Wheat
		Barley
		Corn
		Others ( )
Others		Fish Please specify: ( )
		Fruits Please specify: ( )
		Vegetables Please specify: ( )
		Crustaceans Please specify: ( )
		Molluscs Please specify: ( )
		Others Please specify: ( )