

Allergy and Dietary Restriction Form

* Indicates required question

1. What is your name and date of birth?

2. Please provide an emergency contact information which includes: Name and Phone

3. Do you have any allergies to any food or ingredient? *

Mark only one oval.

☐ Yes *Skip to question 4*

☐ No *Skip to question 6*

4. What food/ingredient allergies do you have? *

i.e. peanuts, dairy, tree nuts, eggs, chicken, wheat, soy, shellfish...

5. How severe are your allergies?

Mark only one oval.

Severely Allergic (Potential Hospitalization)

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Mildly Allergic

6. Do you have any dietary restrictions? *

Mark only one oval.

☐ Yes Skip to question 7

☐ No

☐ Other Skip to question 9

7. Please describe in detail what are your dietary restrictions. *

i.e. Lactose Intolerance, Gluten Sensitivity, Diabetic...

8. How severe are these restrictions?

Mark only one oval.

Deadly

1

☐

2

☐

3

☐

4

☐

5

☐

Mildly Uncomfortable

9. Please explain in detail and please provide the dates that the restriction would take place.

i.e. Religious Observances (Ramadan, Lent, Yom Kippur, Rosh Hashanah, Jewish Holy High Days, Maha Shivratri...)

10. Do you have any dietary preferences? *

Mark only one oval.

☐ Yes *Skip to question 10*

☐ No

11. Please describe in detail your dietary preferences.

i.e. Vegetarianism, Veganism, Paleo, Keto, FODMAP, Halal, Kosher,

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