

Notice Regarding Food Allergy Accommodation

**Restaurant
General Manager**

We do our best to accommodate customers with food allergies to make sure they can enjoy their meals.
We will suggest dishes according to your dietary requirements.

If you agree to the following, please fill out the "Food Allergy Questionnaire" on the reverse side of this form.

1. The questionnaire does not ask about "likes and dislikes".
2. The information on the ingredients used is based on data provided by the manufacturer.
3. Because we prepare all of our dishes in the same kitchen and share cooking and cleaning equipment, it is possible that a small amount of allergens may be introduced into the food during the cooking process. In addition, there is a possibility that a small amount of allergens contaminate the ingredients during the manufacturing process.
4. Because of the reasons mentioned above, please note that the menu is not completely allergen-free. Please note that for the safety of our customers, we will refuse to provide services to those with severe allergic symptoms, such as those who have previously suffered from anaphylaxis, those who have been prescribed an EpiPen, and those who are currently undergoing medical treatment for food allergies.
5. The information on the "Food Allergy Questionnaire" will be used to help ensure food safety for those with food allergies consuming food and beverages, and will also be used to contact and provide information to medical institutions, etc. in the event of an emergency. *MAMPEI HOTEL* will manage and dispose of this form responsibly, keeping in mind privacy concerns.

● If you agree to the conditions listed above and would like to request a menu that accommodates your dietary requirements, please sign below.

Year

Month

Day

Signature (person filling out the form)

レストラン使用欄 (ご予約内容等)

Food Allergy Questionnaire

① Please fill in your information

Date of your visit	Year	Month	Day	Restaurant		
				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender, age, and other information is required in the event of an emergency. In case of emergency, the information will be used to contact and will be communicated to medical institutions.
Name				Age	Years	
Name of the person filling out this form (Relationship to the individual)				Person filling out this form Contact phone number		

② Please tick the foods you are allergic to and describe each symptom (respiratory symptoms, digestive symptoms, skin symptoms, etc.).

<input type="checkbox"/> Shrimps		<input type="checkbox"/> Kiwi	
<input type="checkbox"/> Crab		<input type="checkbox"/> Beef	
<input type="checkbox"/> Walnuts		<input type="checkbox"/> Sesame	
<input type="checkbox"/> Wheat		<input type="checkbox"/> Salmon	
<input type="checkbox"/> Buckwheat		<input type="checkbox"/> Mackerel	
<input type="checkbox"/> Eggs		<input type="checkbox"/> Soy	
<input type="checkbox"/> Milk		<input type="checkbox"/> Chicken	
<input type="checkbox"/> Peanuts		<input type="checkbox"/> Bananas	
<input type="checkbox"/> Almonds		<input type="checkbox"/> Pork	
<input type="checkbox"/> Abalone		<input type="checkbox"/> Macadamia nuts	
<input type="checkbox"/> Squid		<input type="checkbox"/> Peaches	
<input type="checkbox"/> Salmon roe		<input type="checkbox"/> Mountain yams	
<input type="checkbox"/> Oranges		<input type="checkbox"/> Apples	
<input type="checkbox"/> Cashews		<input type="checkbox"/> Gelatin	
<input type="checkbox"/> Other (Please provide as much information as possible.)			

For the safety of our customers, we regret to inform you that we are unable to accommodate the following individuals.

- Those who have had anaphylactic reactions before.
- Those who have been prescribed an EpiPen.
- Those who are currently receiving medical treatment for food allergies.
- Any other person with serious symptoms.

レストラン使用欄

受付部署○	受付者	システム入力者	予約対応者	セールス対応者	フロント対応者	FB 対応者	テーブルNo.	調理対応者
予約 セールス フロント FB	印 or サイン	印 or サイン	印 or サイン	印 or サイン	印 or サイン	印 or サイン		

→コピー配布

→HACCP 帳票転記

提供内容	
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→提供内容記入後、FB にてファイリング