



The information provided on this form will be treated as strictly confidential. It is necessary to enable us to decide on the feasibility of dietary requirements in case of allergies and/or intolerances, so that we can ensure the safety of our guests.

**This form has been developed in partnership with the allergies and immunology department at CHUV and HUG. An expert medical report on the subject is available to doctors on request.**

### Person with special dietary requirements

Ms                       Mr

Last name:

First name:

### Represented by (for minors or people with a legal guardian)

Ms                       Mr

Last name:

First name:

### Information about food intolerances

Food intolerances

#### Foods involved:

- Gluten
- Lactose
- Sulphur dioxide and sulphites
- Biogenic amines
- Others (specify): \_\_\_\_\_

### Information about food allergies

Allergies

#### Foods involve:

- Almond
- Brazil nut
- Cashew nut, pistachio
- Celery
- Eggs (Cooked, 180°C, > 30 minutes)
- Eggs (Raw)
- Fish
- Hazelnut
- Lupin

#### Can consume traces:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |



**Beau Soleil**  
Collège Alpin International

**Foods involved:**

- Macadamia nut
- Milk (Raw)
- Milk (Heated)
- Molluscs
- Mustard
- Peanut, groundnuts
- Pecan nut, walnut
- Pine nut
- Sesame
- Shellfish
- Soy
- Wheat (gluten)
- Others (specify): \_\_\_\_\_

**Can consume traces:**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Information**

The diagnosis provided by the patient's doctor will be analysed by the relevant departments in order to determine the feasibility of the diet within the scope of our restaurant.

In cases of severe allergies, which could become life-threatening for the person involved, Eldora SA cannot take responsibility for providing meals and/or snacks and recommends that a packed meal be provided.

In cases of mild allergies, which do not constitute a threat to the person's health, meals may be provided subject to the criteria provided by the doctor.

In any case, we cannot exclude the possibility of cross-contamination leading to the unintentional presence of one or more allergenic substances occurring in a meal, due to the preparation of all menus in the same kitchen.

**Statement**

We state that we have completed this questionnaire accurately and confirm that the information provided is correct. We also confirm that we have taken note of the information provided by each party.

**The applicant or the parents/legal representative of the beneficiary:**

Date:

Signature

**The FMH doctor, paediatrician or allergy specialist below confirms the accuracy of the information provided on this form and is of the view that access to a shared restaurant is compatible with the food allergy or intolerance described above.**



Stamp

Date:

Signature