

The information you provide on this form will be treated in the strictest confidentiality. It is necessary for us to take a position on the feasibility of the diet in case of allergy or intolerance, in order to guarantee the safety of our guests.

This form has been drafted up in partnership with the CHUV and HUG allergology and immunology departments. We can provide doctors with an expert medical report on the subject.

Diet's beneficiary

☐ Miss ☐ Mr. Restaurant :
 Last Name : First Name :

Parents / legal representatives (if minor)

☐ Mrs. ☐ Mr.
 Last Name : First Name :

Information on food intolerance

☐ Intolerance

Aliment(s) concerned :

- ☐ Gluten
- ☐ Lactose
- ☐ Sulphur dioxide and sulphites
- ☐ Biogenic amines
- ☐ Others (specify): _____

Information on food allergy

☐ Allergy

Food(s) concerned:

- ☐ Almond
- ☐ Peanuts, groundnuts
- ☐ Wheat (Gluten)
- ☐ Celery
- ☐ Crustaceans/Seafood
- ☐ Unpasteurised milk
- ☐ Boiled milk
- ☐ Lupin
- ☐ Molluscs
- ☐ Mustard

May consume trace(s):

- | | |
|------------------------------|-----------------------------|
| <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 |

Food(s) concerned:

- ☐ Raw eggs
- ☐ Cooked eggs (180°C, > 30 minutes)
- ☐ Hazelnuts
- ☐ Cashew nuts, pistachio
- ☐ Pecans, walnuts
- ☐ Macadamia nuts
- ☐ Brazil nuts
- ☐ Pine nuts
- ☐ Fishes
- ☐ Sesame
- ☐ Soy
- ☐ Others (specify) : _____

May consume trace(s):

- | | |
|------------------------------|-----------------------------|
| <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 |

Information

The doctor's diagnosis will be analysed by the competent services in order to determine the feasibility of the diet in our restaurant.

In the event of a severe allergy, which could endanger the health of the person concerned, Eldora SA cannot take responsibility for providing meals and/or snacks and recommends that a packed lunch be provided.

In the event of a mild allergy that does not endanger the health of the person concerned, meals may be provided subject to the criteria laid down by the doctor.

In all cases, we cannot rule out the possibility of cross-contamination, whereby one or more allergenic substances could be found unintentionally in a meal, given that all types of menu are prepared in the same kitchen.

Attestation

We confirm that we have completed this questionnaire accurately and that this information is valid. We also confirm that we have taken note of the information given by each person involved.

The applicant or the beneficiary's parents/legal representatives:

Date:

Signature:

The FMH doctor, pediatrician or allergist attests to the accuracy of the information given on this form and considers access to a community restaurant to be compatible with the food allergy or intolerance described above.



Stamp:

Date:

Signature: