(英語) SAMPLE TO FILL IN ② 食物アレルギーに関するアンケート **SURVEY ABOUT FOOD ALLERGIC**

DATA DE PREENCHIMENTO ＿＿＿/＿＿＿/＿＿＿.

School name HAMAMATSUSHIRITSU ○○SHOGAKKO ○ grade ○ class **Student name** ○○ ○○ **Guardian/resp** ○○ ○○ ㊞

Period of stay: from ○○月 ○○日( ) ～to ○○月 ○○日( ) **TEL p/ contact:** ○○○-○○○○-○○○○ Possible contact hour:

①Is the child allergic to any food? ⇒ はいYES ・ いいえNO If the answer is YES, continue to number ②. If the answer is NO, the survey is finish..

②Please circle below (○) the allergenic food.

＊Service needed

(＊1)つなぎは大丈夫 No problem if mixed with other ingredients in small amount ... ve the allergic food in visible format. (Example: in case of egg allergy, the child does not eat omelet llergic to milk does not drink milk / if allergic to shrimp does not eat fried shrimp).

(＊2)完全除去 Remove completely ... Remove seasonings and foods containing egg white, lactose, whea and fish

(＊3)加熱すれば大丈夫 If the food is cooked no problem.

※Please understand, thist is not about food the student likes or dislikes. This is an allergy researc

Please complete considering that exercise-induced allergy may occur

★We can not totally remove the allergic substance.(Therefore, depending on the symptoms we will ask the child to bring hir/her own food.)

If "YES", circle the table according to the corresponding allergic food and write about the allergic food.

Allergic food not listed should be written in "OTHERS".".

SERVICE REQUIRED	アレルギー食物 ALLERGIC INGREDIENT																															
	特定原材料 MAIN FOOD							特定原材料に準ずるもの OTHER FOOD																					その他 OTHERS			
	卵 Egg	乳 Milk	小麦 Weat	落花生 Peanut	そば weat	えび Shrimp	かに Crab	牛肉 Beef	豚肉 Pork	鶏肉 Chicken	大豆 SOY	ゼラチン GELATINE	さけ SALMON	さば FISH MACKEREL	りんご Apple	いか Squid	あわび MOLUSCO ABALONE	いくら Salmon	もも Peach	まつたけ Mushroom MATSUTAKE	やまいも INHAME WILD	キウィ KIWI	くるみ Nuts	オレンジ Orange	バナナ BANANA	ごま Sesame	カシューナッツ Cashew Nuts	TOMATO			
つなぎは大丈夫(＊1) No problem if mixed in small quantity																																
完全除去 (＊2) Remove completely					○																								○			
加熱すれば大丈夫(＊3) If cooked, no problem.	○	○																														
特記事項(症状等) What you want to report (eg, symptoms, etc.)	具体的な食品名等を記入してください。Write allergy foods. EGG (CAN NOT EAT MAYONNAISE SALAD) MILK (CAN NOT TAKE MILK, ONLY HOT MILK																															

Write about the food the child is allergic to.

If "YES", the company MC Food Service may get in contact by phone.

③Would you klike to replace the menu? ⇒ はいYES ・ いいえNO ④Would you like to talk to the person in charge? ⇒はい YES いいえ NO

※以下は当センターで記入します。The space below will be filled by the establishment.

アレルギー対応メニュー	1日目 夕食 Diner for 1st day	2日目 朝食 2nd day breackfast	2日目 昼食 2nd day lunch	2日目 夕食 2nd day diner	3日目 朝食 3rd day breacfast	3日目 昼食3rd day lunch
Allergy Support menu	5/16 Pasta salad (replaced by) ⇒ Chinese Salad with Harusame Sliced tomato ⇒Brocoli namuru	5/17 Potato salad (replaced with) ⇒Fried potato	5/17 Creamy Sesame Sauce ⇒Red onion sauce	5/17 Gobo salad (strong root) with corn ⇒Brocoli with okaka (grated dry fish)	5/18 Spaghetti with bacon ⇒Suggested with tuna Omelet (with ketchupi) ⇒Fried bread	5/18 No change (If you do not need Change will be written "No change"

If you agree with the "allergy care menu", please sign and stamp.

The allergy care menu will be Written「○○ ⇒ □□」and will be returned to the .

I agree with the allergy menu written above. **Guardian or responsible** ○○ ○○ ㊞

※The above information will only be used for meal subject in our establishment. After use it will be cut and burned.

※Deadline to answer: ⇒ We need to send to MC Food Service up to 21 days in advance.

MC Food Service
〒435-0045 Shizuoka ken Hamamatsu-shi Naka-ku Hosojimacho 10-4
TEL: 053-411-6133 FAX: 053-411-6213 Responsible : IKEDA
【Hamamatsu-shi Kawana Yagai Katsudo Center, refectory】
TEL(FAX) refectory: 053-544-0432 Responsible: TEGURI