

Food Allergy Confirmation Sheet

Since your safety is our top priority, we would like to ask you to fill out this form to let us know your food allergies.
This form will not be shared with anyone outside of our establishment to protect your privacy.
Please answer the questions below.

Name	Gender: M • F
	Room No:
Check-in date: / /	Check-out date: / /

Please mark X if you are allergic to this food and diagnosed by a doctor,
mark O if certain preparation is acceptable.
※Ingredient: include soup stock/broth and stuffing
※Seasoning: include soy sauce, miso-paste, grain vinegar, Japanese sauce and etc.

【Example】 raw eggs allergy: can eat cooked one and ingredient

Eggs			Milk			Shrimp			Crab			Wheat			Buckwheat			Peanuts			Walnut		
R	C	I	R	C	I	R	C	I	R	C	I	S	I			I			I			I	
X	O	O																					

R: Raw C: Cooked I: Ingredient S: Seasoning

【Please fill below】

Eggs			Milk			Shrimp			Crab			Wheat			Buckwheat			Peanuts			Walnut		
R	C	I	R	C	I	R	C	I	R	C	I	S	I			I			I			I	

If you have anything that we should know about your allergy other than above, please let us know in the space below.

EX), Almond: NG(any kind) Mackerel: Cooked and broth are OK, not raw.

Please make a ✓ in a ☐ if you confirm and agree then sign below.

- ☐ We will provide accurate information regarding the meals we provide and the cooking environment.
We will answer all your questions whether we can or cannot.
Please make your own decision as to whether or not you would like to eat.
- ☐ Low-Allergen food and beverages are handled in the same kitchen and may share cookware
and equipment with a variety of other foods and ingredients although we thoroughly wash equipment.
Due to the risk of CROSS CONTAMINATION, we are unable to completely prevent contamination
with trace amounts of allergen.
- ☐ The above measures apply to the low-allergen menu provided by our restaurant TOKINOKANE.
Other items, such as food, snacks and drinks purchased by the customer during the trip, are not eligible.

Signature: _____

Date: / /

支配人	FM	料理人