**TU DUBLIN CITY CAMPUS FOOD ALLERGY QUESTIONNAIRE FOR STUDENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Note:*** The information below is required to ensure your safety, health and welfare while studying in TU Dublin City Campus and to ensure that appropriate assistance is provided to reasonably accommodate personal safety. All information provided will be treated as strictly confidential and used only to ensure your safety. If you have a food allergy you must provide supporting medical documentation to the Health & Safety Office. If you have a food allergy you will not be permitted access to kitchens/laboratories/work areas until this documentation is received and assessed. | | | |
| **FOOD ALLERGENS** | **YES** | **If Yes, please specify reaction;**  **rash, wheeze, tongue swelling, anaphylaxis, from consumption or environmental exposure, what treatment is required, when diagnosed, is epipen carried** | **NO** |
| **Q1.** Do you have any medically diagnosed [food allergies?](http://www.dit.ie/healthsafety/emergencyresponse/)  **Particular foods include the following** |  |  |  |
| * Gluten |  |  |  |
| * Crustaceans (crab, prawns etc.) |  |  |  |
| * Fish |  |  |  |
| * Eggs |  |  |  |
| * Nuts (including peanuts) |  |  |  |
| * Soya beans |  |  |  |
| * Dairy products |  |  |  |
| * Celery |  |  |  |
| * Mustard |  |  |  |
| * Sesame seeds |  |  |  |
| * Sulphur dioxide |  |  |  |
| * Lupin (legume used in flour) |  |  |  |
| * Molluscs (mussels, clams, oysters and scallops) |  |  |  |
| * Fruit (please specify) |  |  |  |
| * Flour |  |  |  |
| * Other (please specify) |  |  |  |
| **Q2.** I have completed this form to the best of my knowledge |  |  |  |
| **Student Details**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Medical Practitioner’s Details (only where an allergy has been identified)**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Addres**s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contact Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Details of any treatment being undertaken:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Note:** You must provide supporting medical documentation to the Health & Safety Office. Supporting medical documentation must include the severity of your food allergy, your fitness to be in contact with the food allergen(s), any actions/controls recommended to ensure your safety while working with said allergen(s). Please download the form for completion by your medical practitioner [here](https://www.tudublin.ie/for-students/safety-health-and-welfare/food-allergy-information/#d.en.61062). | | | |