

**TECHNOLOGICAL UNIVERSITY DUBLIN (TU DUBLIN) CITY CAMPUS**

 **STUDENT FOOD ALLERGY SUPPORTING MEDICAL DOCUMENTATION FORM**

**To be completed by the student’s treating medical practitioner**

**Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Identify and list the specific medically diagnosed food allergen(s) (note: not intolerances):** |
| **Detail the severity of the food allergy reaction (e.g. rash, wheeze, tongue swelling, anaphylaxis etc.):** |
| **How does the reaction occur i.e. from consumption or environmental exposure?** |
| **Detail treatment(s) required to manage the allergy (e.g. Epipen carried)** |
| **Is this student fit to be in contact with and/or work with the food allergen(s) identified?** |
| **Outline actions/controls recommended to TU Dublin City Campus to ensure students safety while working with said allergen(s) in kitchens/ laboratories/ workshops:** |
| **Other relevant information:** |
| **Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Student’s treating Medical Practitioner (including Doctor’s Stamp)***  |

*January 2023 V4*