

FOOD ALLERGIES/INTOLERANCES SURVEY

Use pen not pencil. Please write clearly. You can either tick or cross . This form is designed to make IPU New Zealand and IPU New Zealand Health Clinic aware of any of your previous medical/surgical history and current medical conditions. For more information or assistance, please email Areg@ipu.ac.nz or contact a student support officer.



A. PERSONAL DETAILS

A.1 STUDENT ID

A.5 DATE OF BIRTH (Day/Month/Year)

A.3 FIRST NAME(S)

A.2 FAMILY NAME

Please tell us if you have any food that causes allergic reactions and/or any food intolerances. This is for us to help you if unfavourable reactions should occur after you consume food.

Please be reminded that the Dining Hall can only provide vegetarian and non-vegetarian food and that they will not be able to cater for all varying dietary needs of students.

Please also be reminded that it is your responsibility to be aware of your food allergens and/or food intolerances and refrain from consuming food that may cause unfavourable reactions.

1 Do you have any food allergies and/or food intolerances?

Yes No

If you have answered yes, please provide details below

2 What will happen if you consume food that may cause unfavourable reactions?

3 Have any of the above food allergies and/or food intolerances been diagnosed by a medical professional (doctor or dietician)?

Yes No

If you have answered yes, please provide details below

4 Do you carry anything to assist you to recover if you have had something you are allergic to or have an intolerance to (i.e., epi-pen, antihistamines, etc.)?

Yes No

If you have answered yes, please provide details below
