

ALLERGEN COMMUNICATION FORM



Date _____
Diner Name _____
Cell Phone _____
Email _____

Allergens: (Check all that apply)

- Wheat Milk Egg Soy Peanut Tree Nut _____
(type of tree nut)
- Fish Shellfish Sesame

What type of reaction do you get? _____

Do you carry an EpiPen? Yes No

Is our labeling sufficient to meet your needs? Yes No

If no, what could we do better? _____

Notes from conversation _____

What follow-up (if any) is necessary? _____

Diner Signature _____

Manager Signature _____