



FOOD ALLERGY QUESTIONNAIRE

Applicant Name: _____ Course Number: _____

1. List the food that causes the applicant to have an allergic reaction. _____
(If the applicant has multiple food or food group allergies, complete one form for each.)
2. Date of last reaction _____
3. What was the reaction(s)? Check all that apply.
 Wheezing Nausea Hives Anaphylaxis Vomiting Eczema Diarrhea
 Itching Other _____
4. What treatment(s) were required?

5. Does the applicant react if:
The food is ingested?
 Yes No
The food is touched?
 Yes No
The food is in close proximity?
 Yes No
6. Is the applicant able to eat foods processed in a facility that handles the allergen?
 Yes No
7. Is the applicant able to eat foods processed on equipment also used to prepare foods that contain the allergen?
 Yes No
8. **If this is lactose intolerance:** Is the applicant able to consume food containing lactose by taking take Lactaid or similar medication?
 Yes No
9. What medication(s) are used to treat the reaction symptoms?