

## 1. SCOPE OF APPLICATION

This form applies to the following affiliates of the Eldora Group:

- Eldora SA

The information provided in this form will be treated as strictly confidential. It is necessary to enable us to decide on the feasibility of dietary requirements in case of allergies and/or intolerances, so that we can ensure the safety of our guests.

Privacy notice



**This form has been developed in partnership with the allergies and immunology department at CHUV and HUG. An expert medical report on the subject is available to doctors on request.**

### Person with special dietary requirements

☐ Ms

☐ Mr

Restaurant visited:

Last name:

First name:

### Represented by (for minors or people with a legal guardian)

☐ Ms

☐ Mr

Last name:

First name:

## ☐ FOOD INTOLERANCE

### Information about food intolerances

#### Foods involved:

- ☐ Gluten: celiac disease
- ☐ Gluten: non-celiac gluten sensitivity
- ☐ Lactose
- ☐ Sulphur dioxide and sulphites
- ☐ Biogenic amines
- ☐ Others (specify): \_\_\_\_\_

## ☐ FOOD ALLERGY

### Information about food allergies

**Please note: only tick the food(s) to which the individual is allergic.**

#### Foods involved:

- ☐ Almond
- ☐ Barley (gluten)
- ☐ Brazil nut
- ☐ Cashew nut, pistachio
- ☐ Celery
- ☐ Eggs (cooked, 180°C, > 30 minutes)
- ☐ Eggs (raw)
- ☐ Fish
- ☐ Hazelnut
- ☐ Lupin
- ☐ Macadamia nut
- ☐ Milk (cold)
- ☐ Milk (heated)

#### Can consume traces:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Please note: only tick the food(s) to which the individual is allergic.**

#### Foods involved:

- ☐ Molluscs
- ☐ Mustard
- ☐ Oat (gluten)
- ☐ Peanut, groundnuts
- ☐ Pecan nut, walnut
- ☐ Pine nut
- ☐ Rye (gluten)
- ☐ Sesame
- ☐ Shellfish
- ☐ Soy
- ☐ Wheat, spelt, Khorasan wheat (gluten)
- ☐ Others (specify): \_\_\_\_\_

#### Can consume traces:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### Information

The diagnosis provided by the patient's doctor will be reviewed by the relevant departments to determine the feasibility of the diet within our restaurant.

In cases of severe allergies that could pose a life-threatening risk, Eldora SA cannot take responsibility for providing meals and/or snacks and recommends that a packed meal be supplied.

In cases of mild allergies, which do not pose a threat to the individual's health, meals may be provided subject to the criteria outlined by the doctor.

**However, we cannot exclude the possibility of cross-contamination, which may result in the unintentional presence of one or more allergenic substances in a meal, due to the shared kitchen environment.**

#### Statement

I/We confirm that the information provided in this questionnaire is accurate and that I/we have reviewed and understood the information provided by each party.

**The applicant or the parent(s)/legal representative of the individual:**

Date:

Signature(s):

**FMH Doctor/Paediatrician/Allergy Specialist**

**I confirm the accuracy of the information provided on this form and believe that access to a shared restaurant is compatible with the food allergy or intolerance described above.**



Stamp

Date:

Signature:

## Section reserved for Eldora SA (do not complete)

### Requesting Restaurant

Number and name of establishment:

Name of restaurant manager:

### Opinion of the Quality and Sustainability Service regarding the "food safety" commitment

- ☐ Favourable
- ☐ Unfavourable

**In the event of a favourable opinion, the procedure outlined by the Quality and Sustainability Service must be followed.**

### Opinion of the Operations Department regarding the operational commitment

- ☐ Favourable
- ☐ Unfavourable

**Meals will not be provided by the restaurant until these opinions have been received and reviewed.**

### Final decision

- ☐ Dietary plan to be implemented by the restaurant
- ☐ Meals will not be provided by the restaurant