



FOOD ALLERGY INFORMATION

- I have food allergies that I wish to report to Dining Services Commuter
- I do not have food allergies that I wish to report to Dining Services Residential

Please Note: Even if you do not have allergies, you are required to complete this form for verification.

Last Name First Name Middle Initial CCU ID #

Home Address City State Zip Code

Home Phone Cell Phone

Email Address Date (MM/DD/YYYY)

Allergies & Intolerances

- Please fill in the necessary information in the areas applicable to you & return to Student Life.
- Please provide documentation from a medical professional.
- If you have any questions regarding this form, please contact CCU Dining Services at 513.244.8135.

Allergen	Exposure required for Reaction	Allergic Response
Dairy/ Lactose		
Gluten		
Seafood		
Shellfish		
Eggs		
Peanuts		
Tree Nuts		
Soy		
Other:		

FOR USE BY DINING SERVICES

Note from Medical Professional on File: YES NO

Staff Initials: _____ Date: _____