



**LUNDS  
KOMMUN**

## Certificate of FOOD ALLERGY/HYPERSENSITIVITY

Student

Swedish person number (twelve digits)

School

Class (may be filled in by the student before they give the form to their mentor)

Certificate is valid from (year/month/day)

**This certificate applies until the student informs the school of changes to allergy/hypersensitivity.**

At school this certificate shall be given to the school nurse and/or kitchen.

Student's signature

Date (year/month/day)

**Medical certificate may be required**



Mark what food shall be excluded from meals:

- |  |                                 |                                       |                                       |
|--|---------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fish          | <b>Cooked</b>                   | <b>Cooked</b>                         | <b>Raw</b>                            |
| <input type="checkbox"/> Shellfish     | <input type="checkbox"/> Tomato | <input type="checkbox"/> Orange       | <input type="checkbox"/> Orange       |
| <input type="checkbox"/> Gluten        | <input type="checkbox"/> Carrot | <input type="checkbox"/> Citrus fruit | <input type="checkbox"/> Citrus fruit |
| <input type="checkbox"/> Wheat         | <input type="checkbox"/> Corn   | <input type="checkbox"/> Strawberry   | <input type="checkbox"/> Strawberry   |
| <input type="checkbox"/> Milk protein  | <input type="checkbox"/> Pepper | <input type="checkbox"/> Kiwi         | <input type="checkbox"/> Kiwi         |
| <input type="checkbox"/> Beans/lentils | <b>Raw</b>                      | <input type="checkbox"/> Nectarine    | <input type="checkbox"/> Nectarine    |
| <input type="checkbox"/> Peas          | <input type="checkbox"/> Tomato | <input type="checkbox"/> Apples       | <input type="checkbox"/> Apples       |
| <input type="checkbox"/> Soy protein   | <input type="checkbox"/> Carrot | <input type="checkbox"/> Peach        | <input type="checkbox"/> Peach        |
| <input type="checkbox"/> Eggs          | <input type="checkbox"/> Corn   | <input type="checkbox"/> Pears        | <input type="checkbox"/> Pears        |
| <input type="checkbox"/> Chicken       | <input type="checkbox"/> Pepper |                                       |                                       |
| <input type="checkbox"/> Peanuts       |                                 |                                       |                                       |
| <input type="checkbox"/> Nuts          |                                 |                                       |                                       |
| <input type="checkbox"/> Almond        |                                 |                                       |                                       |
| <input type="checkbox"/> Sesame seeds  |                                 |                                       |                                       |

Other vegetables or root vegetables such as:

Other fruit or berry such as:

Additional foods:



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Additional information about preparation, food choice, replacement products, spices/blends etc.

Symptoms

Treatment

Does the student have access to acute allergy medicine?

Yes

No

Has the student's allergy been diagnosed/examined by a doctor?

Yes

No

Treating doctor/dietitian

**Adress**

Box 41

Lund 221 00

**Telephone**

046-359 50 00

**Please turn!**