

# Employee Allergy Disclosure Form

Employee Full Name

Position

Date

## 1. Allergens Disclosure

Please indicate if you have any allergies to the following common food allergens:

☐

Egg

☐

Milk

☐

Wheat

☐

Soy

☐

Peanuts

☐

Tree Nuts

☐

Fish

☐

Shellfish

☐

Sesame

☐

Other

If 'Other', please specify:

Describe your allergic reaction and any preventative steps or medication required:

## 2. Medical Attention Consent

In case of an emergency, do you consent for medical attention to be sought on your behalf?

Emergency Contact Name

Emergency Contact Phone Number

## 3. Declaration

I confirm the information provided is true and complete.

Employee Signature

Date