



## SPECIAL DIETS FORM



## 特殊膳食表格 SPECIAL DIETS FORM

Use this form only if you have a strict dietary requirement that is essential to your health and well being (e.g. food allergy). Do not use for likes and dislikes of foods.

此表格只供閣下因健康因素而需嚴格控制的膳食需要(如食物過敏)請不要用作你個人對食物的喜好

Please complete and return to your group organiser.

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填寫後請交回登記部

First Name:  Last Name:

First Name: 名字  Last Name: 姓氏:

Dietary Requirements: (tick one)

- Coeliac (Gluten Free)
- Coeliac / Lactose intolerant
- Lactose intolerant
- Vegan
- Vegetarian

Dietary Requirements: (tick one) 膳食需求: (打勾一個)

- Coeliac (Gluten Free) 無麩飲食
- Coeliac / Lactose intolerant 乳糜瀉/乳糖不耐症
- Lactose intolerant 乳糖不耐症
- Vegan 素食主義者 (連帶不吃奶類和蛋)
- Vegetarian 素食者

Allergies: (tick all that apply)

- Nuts
- Eggs
- Shellfish / Seafood
- SEVERE ANAPHYLACTIC REACTION**

Allergies: (tick all that apply) 過敏: (打勾所有適合的)

- Nuts 花生
- Eggs 蛋
- Shellfish / Seafood 貝殼類 / 海鮮
- SEVERE ANAPHYLACTIC REACTION 嚴重過敏反應**

Other specific allergies or dietary requirements:

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其他具體過敏或膳食需要可在以上空格填寫