

DIETARY NEEDS CHECKLIST

Hello, I have a dietary requirement/allergy.
Please do not include these foods in my meal.

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Gluten |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Soy | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Nuts | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Shellfish | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Mustard |
| <input type="checkbox"/> Celery | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Mustard | <input type="checkbox"/> Lupin |
| <input type="checkbox"/> Sesame | <input type="checkbox"/> Molluscs |
| <input type="checkbox"/> Fenugreek | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Yellow pea | <input type="checkbox"/> Yellow pea |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Koshar | <input type="checkbox"/> Halal |

DLP Tips