

Accommodating Food Allergies

For guests with food allergies, we will endeavor to accommodate your needs to the best of our ability if the notification is submitted at least three days prior to your arrival date.

In such cases, we request that you submit the Pre-Stay Questionnaire Regarding Food Allergies, which we will provide you, to review how we can accommodate your requirements.

We will strive to eliminate individual allergens, such as shrimp for shrimp allergies, to the best of our ability. However, we may not be able to accommodate all allergens as flour, soy, and other ingredients may be contained in condiments, making it more challenging to isolate and eliminate individually.

Moreover, sensitivity to allergens varies by individual. While we may be able to eliminate certain food ingredients, we will not be able to completely eliminate trace amounts that may be present on cookware used for hotpots and other dishes.

Due to the operational constraints of our ryokan (traditional inn), it may be challenging for us to fully accommodate your requirements, and therefore, we cannot assume responsibility for your food allergies. For your safety, if you have severe allergies, please consult with your physician in advance.

Chef Satoshi Wada

Pre-Stay Questionnaire Regarding Food Allergies

(If there are multiple guests with allergies within the same group, please fill out one form for each guest.)

Otaru-kourakuen

This questionnaire is to inquire about food allergies and does not apply to food preferences. Due to the operational constraints of our ryokan (traditional inn), it may be challenging for us to fully accommodate your requirements, and therefore, we cannot assume responsibility for your food allergies. For your safety, if you have severe allergies, please consult with your physician in advance. We may need to follow up with you, so please make sure to provide your contact information. Please submit the form three days prior to your arrival date.

Name		<input type="checkbox"/> Male <input type="checkbox"/> Woman	Age
		TEL	
e-mail		Arrival date	
FAX		Number of nights	

①、Are you currently diagnosed with food allergies by a physician and receiving treatment?

☐ I am receiving treatment regularly.

☐ I have not received treatment in over a year.

②Please specify the food you are allergic to, tick off the food types that trigger reactions, and provide additional notes where necessary.

Food item	Ingredients	Processed foods	Binders	Extracts	Level of severity			Additional notes
					Severe	Moderate	Low	
e.g.) Shellfish allergy	✓	✓		✓		✓		I experience severe reactions to crabs in particular.

③Have you had an anaphylactic reaction in the past?

☐ Yes

☐ No

④Are you prescribed with an epinephrine?

☐ Yes

☐ No

⑤If you have additional concerns, please provide detailed information, such as specific allergens and requirements.

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This questionnaire serves as a reference to ensure food safety for guests with food allergies who will be staying and dining at our establishment. This document will not be utilized for any other purposes. Additionally, this questionnaire will be stored and disposed of under our responsibility with consideration for your personal information. If you agree to the above statement regarding the handling of personal information, please provide your signature and submit this form.

Date

Signature

Send this form to : E-mail / otaru-kourakuen@key.ocn.ne.jp
Fax / 0134-54-8223