Safety Management Survey

*The information provided will only be used for safety management in relevant classes.

	Today's date:	Y M I)	Course title:					
	Name:		Department (Year):						
	Age:	Gender: M F	Phor	e number: Email*:					
	*: Please pro	provide an e-mail address that can receive attachment files, such as study guidance materials.							
<emergency contact=""></emergency>									
			elationship to the student:	Phone number:		per:			
	. Do you have a ur stay?	any allergies you	need	l to be mindful of during		Yes	No		
	v	"yes," please fill i	n the i	information below.					
	Drugs or chemicals:								
	Hay fever, plants, etc.:								
	Bee stings, other insects: Metal, sunlight, other: Foods*:								
%]	If you have any	food allergies, pl	ease f	ill out the Food Allergy Qu	estionnai	re on a sepa	rate sheet.		
2.	Have you eve	er experienced a	naph	ylactic shock?		Yes	No		
	• If you answe	If you answered "yes," please answer the following questions.							
	• What caused t	the anaphylactic sho	ck?						
• If you carry an EpiPen, please describe where it is located in detail. ((Ex: It is in the red pouch I carry.)									
	1.	1			7.				

Please consult a doctor if you have allergies that require medication or may potentially go into anaphylactic shock

3. Are you currently undergoing treatment you need to be aware of	Yes	No					
during your studies? • If you replied "yes," please circle the relevant items.							
Seizures · Asthma · Epilepsy · Hives · Kidney disease · Appendicitis · Orthostatic dysregulation · Exercise-induced Anaphy Other (Heart disease •					
4. Including your response to Q3, please write in the blank below if you being treated, or on medication for any issues. In an emergency, please possible what kind of first aid should be administered until you can get	e describe in as	_					
If you have ever taken or have plans to take any lectures offered by the University of Tsukuba Mountain Science Center Sugadaira Research Station, please fill in the blanks below. Lectures							
taken thus far Lectures you plan to take							
6. If you have any other concerns or information you would like to comm please write them in the space below.	unicate to the fa	aculty in charge,					

Food Allergy Questionnaire

Name:

Please list food(s) you are not able to eat, and what would happen if you did.

Food	Food Reaction if you eat the food		Other
(e.g.) Egg	Hives, Sore throat	1,6	



Please select from the following options.

<Condition>

- 1 Minute amounts of contamination are not a problem.
- 2 There is no problem if the allergen is used/present during processing or handling.
- 3 There is no problem if the allergen is removed during service (or I remove it myself).
- ④ It is inedible even if there is a slight possibility of contamination (even extract).
- (5) It is inedible if oil contaminated with allergens is used.
- 6 If the allergen is well heated/cooked it can be eaten.

The University's response to those with food allergies

- O Depending on the information you give on this survey form we will endeavour to provide meal services to the extent possible. However, we may not be able to provide meals for those people with many allergens or for those for whom even a very small amount of contamination may cause severe allergic symptoms.
- O The cook may contact you in advance to confirm the information provided on this form.