

# Corporate Traveler Dietary Profile Document

Please complete this profile to ensure your dietary requirements are met during corporate travel, including flights, hotel stays, and catered corporate events. Print the completed document for your records.

## 1. Traveler Information

Full Name (as it appears on passport):	<input type="text" value="John Doe"/>
Employee ID:	<input type="text" value="EMP-12345"/>
Department / Division:	<input type="text" value="Global Sales"/>
Corporate Email:	<input type="text" value="john.doe@company.com"/>
Contact Phone Number:	<input type="text" value="+1-555-0199"/>

## 2. Medical & Severe Allergies

Please specify any severe allergies or medical conditions (e.g., Celiac disease, anaphylaxis). State "None" if not applicable.

Specific Allergens (e.g., Peanuts, Shellfish, Dairy):	<input type="text"/>
Severity and Reaction Type:	<input type="text" value="e.g., Severe/Anaphylactic, Mild/Digestive"/>
Other Medical Dietary Requirements:	<input type="text" value="e.g., Low Sodium, Diabetic, Renal"/>

## 3. Dietary Preferences & Lifestyle Choices

Please type "Yes" next to all that apply, or specify details.

Vegetarian (No meat/fish):	<input type="text" value="Yes / No"/>
Vegan (No animal products):	<input type="text" value="Yes / No"/>
Halal:	<input type="text" value="Yes / No"/>
Kosher:	<input type="text" value="Yes / No"/>
Gluten-Free:	<input type="text" value="Yes / No"/>
Other Diet (e.g., Keto, Paleo, Pescatarian):	<input type="text" value="Specify if any"/>

## 4. Travel & Booking Specifics

Preferred IATA Airline Meal Code (if known):	<input type="text" value="e.g., VGML, KSML, AVML"/>
Frequent Flyer Program & Number (for profile linking):	<input type="text" value="Airline - Number"/>
Hotel Room Amenity Preferences (e.g., Empty mini-fridge for medical supplies):	<input type="text"/>

## 5. Emergency Contact & Additional Notes

Emergency Contact Name & Relationship:	<input type="text"/>
Emergency Contact Phone:	<input type="text"/>
Additional Instructions or Comments:	<input type="text" value="Any other specific instructions for the travel coordinator"/>

**Verification Statement:** By signing below or completing this document, I verify that the dietary information provided is accurate and is intended to be used by the corporate travel department and its third-party vendors (airlines, hotels, caterers) to accommodate my travel needs.

Traveler Signature (or typed name for electronic print):  Date:

