

Traveler Food Allergy and Intolerance Profile

Please fill out this profile and keep a printed copy with your travel documents. This form is designed to help communicate your dietary needs clearly to food service staff, translation services, and medical personnel abroad.

1. Traveler Information

Full Name:

Date of Birth:

Passport Number:

Nationality:

2. Emergency Contact Information

Primary Emergency Contact Name:

Relationship to Traveler:

Emergency Phone Number (with Country Code):

3. Severe Food Allergies (Anaphylactic Risk)

List any foods that trigger life-threatening or severe allergic reactions.

Allergen 1

Food/Allergen:

Reaction/Symptoms:

Required Treatment/Medication:

Allergen 2

Food/Allergen:

Reaction/Symptoms:

Required Treatment/Medication:

4. Food Intolerances and Sensitivities

List foods that cause discomfort, digestive issues, or non-life-threatening reactions.

Intolerance 1

Food/Ingredient:

Symptoms:

Cross-Contamination Risk (High/Medium/Low):

Intolerance 2

Food/Ingredient:

Symptoms:

Cross-Contamination Risk (High/Medium/Low):

5. Destination & Translation Reference

Destination Country:

Primary Language of Destination:

Translated Phrase for "I am allergic to...":

6. Medical and Insurance Information

Travel Insurance Provider:

Policy Number:

Location of Epinephrine/Emergency Meds on Person: