

Food Allergy

NAME

FOOD	DATE EATEN	REACTION TIMELINE	SYMPTOMS
		<input type="checkbox"/> IMMEDIATE <input type="checkbox"/> WITHIN 24 HOURS <input type="checkbox"/> 2-3 DAYS <hr/> <p style="text-align: center;">NOTES</p>	<input type="checkbox"/> ABDOMINAL PAIN <input type="checkbox"/> SWELLING <input type="checkbox"/> CONSTIPATION <input type="checkbox"/> RUNNY NOSE <input type="checkbox"/> COUGHING <input type="checkbox"/> SKIN RASH <input type="checkbox"/> DIARRHEA <input type="checkbox"/> SLEEP LOSS <input type="checkbox"/> EYE IRRITATION <input type="checkbox"/> SLEEPINESS <input type="checkbox"/> GAS <input type="checkbox"/> SNEEZING <input type="checkbox"/> HYPERACTIVITY <input type="checkbox"/> SORE JOINTS <input type="checkbox"/> IRRITABLE <input type="checkbox"/> STUFFY NOSE <input type="checkbox"/> LETHARGY <input type="checkbox"/> VOMITING <input type="checkbox"/> BREATHING DIFFICULTY <input type="checkbox"/>

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