



**BEHIND THE
SWEETEST MOMENTS
HIS LIFE MAY BE IN
IMMINENT
DANGER**

Check if you or your loved ones are at risk:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you suffered a generalised severe allergic reaction in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you suffered a food allergic reaction after eating a very small amount of food or have you had a reaction on skin contact? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have asthma as well as food allergy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had an allergic reaction after eating eggs, milk, nuts, seeds, shellfish, fish or fruit? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to at least one of these questions, you may be at **risk of ANAPHYLAXIS**, an allergic condition that is severe and potentially life-threatening.

Ask your doctor

how to protect yourself and those you love.

