

LATEX ALLERGY SCREENING QUESTIONNAIRE

Name: _____ Job Title: _____ Location: _____

Are you aware of having an allergy to latex? YES NO

If yes, please identify your reaction:

Local rash within minutes of latex exposure / Local rash hours to days after exposure / Worsening Asthma / Nasal congestion / Itching eyes / Diffuse rash / Urticaria / Facial swelling / SOB / Chest tightness / Hypotension / Fainting

Do any of the following cause you rashes, irritation or any of the above symptoms (even if mild)?

Balloons / Rubber gloves / Hot water bottles / Rubber bands, balls, grips / Foam pillows / Diaphragms / Condoms / Latex sexual aids / GYN exams / Digital rectal exams / Dental exams / Enemas / Erasers / Face masks / Clothing elastic / any other rubber items: _____

Circle any food items that ever caused rashes, hives, itching, lip swelling, throat tightness, SOB, Wheezing or Allergy like symptoms:

Apples / Apricot / Avacado / Bananas / Carrots / Celery / Cherries / Chestnuts / Dates / Figs / Grapes / Hazelnutes / Kiwi / Mango / Melon / Nectraine / Papaya / Passion fruit / Peaches / Pears / Pineapple / Plums / Potatoes / Tomatoes / Wheat

Do you have a history of: Eczema / Asthma / Atopy / Seasonal allergies ./ Latex sensitivity / Autoimmune disorders ? YES (circle) NO

Do you ever use latex gloves? YES NO UNSURE

Do your co-workers ever use latex gloves? YES NO UNSURE

Do you have any congenital abnormalities such as Spina Bifida? YES NO

Have you had many childhood surgeries or invasive procedures? YES NO

Have you ever had unexplained intraoperative, hypotension, shock or anaphylaxis? YES NO

Does frequent handwashing cause your hands to break out in a rash? YES NO

Do you use DermaPlus? YES NO Does it help? YES NO

No allergy Irritant Derm Type IV latex allergy Type I latex allergy

NON latex, powdered gloves / DermaPlus / AprilFresh

Work restrictions:

Latex surveillance appointment needed? Yes No

Follow-up: ANUALLY SEMIANUALLY QUARTERLY NONE NEEDED