

Latex Allergy Questionnaire

LATEX ALLERGY QUESTIONNAIRE

Answer the following questions:

- YES NO Are you allergic to latex?
- YES NO Do you wear latex gloves?
- YES NO Do your fellow workers wear latex gloves?
- YES NO Do you suffer from skin rashes on your hands?
- YES NO Have you had many surgeries?
- YES NO Do you have hay fever or other allergies?

When around latex have you had:

- YES NO Itchy, red eyes, fits of sneezing, runny or stuffy nose?
- YES NO Shortness of breath, wheezing, or chest tightness?

If you have ever worn latex gloves:

- YES NO Have you had a rash, itching, or cracking on hands?
- YES NO If Yes, have these symptoms recently changed?
- YES NO Have you used different types of rubber gloves?
- YES NO If Yes, did you have problems?
- YES NO Have you tried non-latex gloves?
- YES NO If Yes, did you have problems?

Have you had:

- YES NO Itching/swelling after dental, rectal or pelvic exam?
- YES NO Difficulty breathing after blowing up a balloon?
- YES NO An allergic reaction requiring treatment?

Circle foods that cause hives, itching of lips or throat, or other severe symptoms when you eat or handle them.
Avocado Banana Tomatoes Carrots Hazelnuts Melon Kiwi Cherries Peaches Celery Plums Papaya

If you have answered YES to any of the above questions, please explain:

I attest that I have given truthful information and I understand that falsification will result in termination of employment or withdrawal of an employment offer.

Your Signature _____ Date _____
