



## Latex Allergy Screening Questionnaire

### PRIVACY ACT STATEMENT

"The authority to collecting this information is Section 19 of the Occupational Safety and Health Act and the Code of Federal Regulations (29 CFR 1950). This information will be used by the Occupational Health Physician, and/or such clinical staff as he may designate to help identify the causes of adverse health effects and for future epidemiology studies. Providing the information is voluntary; however, failure to provide the information could unnecessarily hamper the identification of potential health problems and preclude any redress of problems identified in the future."

(NOTE: Allergic symptoms may include sneezing ,rhinorrhea (runny nose) rash, coughing, eczema, hives, hypotension, anaphylaxis, etc.)				
Mark "YES" or "NO". Every item marked "YES" must be explained below each question.			YES	NO
1	Do you have regular contact with latex gloves or other rubber products?			
2	Indicate whether you have history of any symptoms or side effects after eating any of the following;			
	a) Avocado, banana, potato, tomato, chestnut, kiwi?			
	b) Any other plants?			
3	Have you ever had any side effects associated with exposure to latex gloves or any other containing rubber or latex? (i.e.; balloons, condoms, etc.)			
4	Have you ever had frequent dental procedures or any medical condition or problem that resulted in multiple operations or chronic medical instrumentation such as urinary catheterization?			
5	Have you ever experienced hay fever, eczema, anaphylaxis, hives or symptoms of asthma?			
6	Have you ever experienced any allergic reaction to anything not included in the preceding?			
PATIENT'S NAME (Last, First, Middle Initial)		PATIENT'S SIGNATURE	DATE	
<b>OCCUPATIONAL ASSESSMENT</b>				
<b>RECOMMENDED DISPOSITION</b>				
PROVIDER'S PRINTED NAME OR STAMP)		PROVIDERS'S SIGNATURE AND TITLE	DATE	