



NAME: _____

DATE: _____

EMPLOYEE LATEX SENSITIVITY SCREEN

- 1) Have you taken any medications, prescription or over-the-counter, for hay fever, seasonal rhinitis, or allergic rhinitis in the past year? **Yes** No
- 2) Have you taken any medications for asthma, wheezing or shortness of breath in the past year? **Yes** No
- 3) Have you ever had swelling, itching, burning or hives after eating bananas, kiwis or avocados? **Yes** No
- 4) Have you ever had swelling, itching or hives of your lips or around your mouth during or within one hour, following blowing up a balloon? **Yes** No
- 5) Have you ever had swelling, itching or hives of your lips or around your mouth during or within one hour following a dental examination or procedure? **Yes** No
- 6) Have you ever had swelling, itching or hives during or within one hour following a vaginal or rectal examination or contact with condom or diaphragm? **Yes** No
- 7) Have you ever had swelling, itching or hives on your hands, wrists or arms during or within one hour of wearing latex or rubber gloves? **Yes** No
- 8) Have you ever had swelling, itching or hives during or within one hour following being examined by someone wearing rubber or latex gloves? **Yes** No
- 9) Have you ever had swelling, itching or burning of your eyes or nose, or sudden running of your nose following contact with latex or rubber products or while in an area where someone was using rubber products? **Yes** No
- 10) Have you ever had shortness of breath, chest tightness, wheezing or asthma following contact with latex or rubber products or while in an area where someone else was using rubber products? **Yes** No
- 11) Have you ever had a severe allergic reaction affecting most of your body (anaphylaxis) during or after a medical procedure or other contact with rubber or latex? **Yes** No
- 12) Has a physician ever told you that you have rubber or latex allergy? **Yes** No
- 13) Have you previously had either skin or blood test for latex allergy? **Yes** No

If you circled any bold “**yes**” questions, please state when the symptoms began and describe how you deal with this in the work setting.

Employee Signature

Date