LATEX ALLERGY SCREENING TOOL

Name: _____ Date of Hire: _____

Date of Survey: _____ Initial Screen: _____ Annual: _____

Caution: This tool is not intended to be all-inclusive. Individuals who are uncertain whether they are or may be sensitive to a natural rubber latex should consult their physician.

1. Have you ever had an anaphylactic reaction to latex devices/products? ❑ Yes ❑ No
   If yes, under what circumstances did it occur?

2. Have you ever been told by a doctor that you have an allergy to any latex products? ❑ Yes ❑ No
   If yes, to what specifically did the doctor say you were allergic to?

3. Do you have any congenital abnormalities (i.e., spina bifida, myeloma, myelodysplasia) ❑ Yes ❑ No

4. Have you had a reaction to the following personal sources of latex?

Balloons	❑ Yes	❑ No	Latex birth control devices	❑ Yes	❑ No
Rubber gloves	❑ Yes	❑ No	Dental cofferdams	❑ Yes	❑ No
Hot water bottle	❑ Yes	❑ No	Erasers	❑ Yes	❑ No
Rubber bands, balls	❑ Yes	❑ No	Face masks	❑ Yes	❑ No
Foam pillows	❑ Yes	❑ No	Elastic bandages	❑ Yes	❑ No
Baby bottles, nipples	❑ Yes	❑ No	Cuffs, elastic waistbands	❑ Yes	❑ No
Pacifiers, teething rings	❑ Yes	❑ No	Ostomy bags	❑ Yes	❑ No
Belts, bras, suspenders	❑ Yes	❑ No	Shoewear	❑ Yes	❑ No
Rubber grips	❑ Yes	❑ No	Other	❑ Yes	❑ No

5. After handling latex products, have you experienced any of the following?

Difficulty breathing	❑ Yes	❑ No	Redness	❑ Yes	❑ No
Chapping/cracking of hands	❑ Yes	❑ No	Swelling	❑ Yes	❑ No
Running nose/congestion	❑ Yes	❑ No	Hives	❑ Yes	❑ No
Itching (e.g. Hands, eyes)	❑ Yes	❑ No	Other:	❑ Yes	❑ No

6. Do you have a history of the following?

Contact dermatitis	❑ Yes	❑ No	Eczema	❑ Yes	❑ No
Asthma	❑ Yes	❑ No	Autoimmune disease	❑ Yes	❑ No
Hay fever	❑ Yes	❑ No	(e.g. Lupus)	❑ Yes	❑ No

7. Do you have any food allergies? ❑ Yes ❑ No
If yes, are you allergic to any of the following?

Food Allergy	Recent Onset	Long-standing	Food Allergy	Recent Onset	Long-standing
❑ Bananas	❑	❑	❑ Kiwis	❑	❑
❑ Avocados	❑	❑	❑ Chestnuts	❑	❑
❑ Potatoes	❑	❑	❑ Peaches	❑	❑
❑ Tomatoes	❑	❑	❑ Papaya	❑	❑
❑ Other	❑	❑	❑ Other	❑	❑

8. Have you had any previous surgeries? ❑ Yes ❑ No How many before the age of one year? _____
Types of surgical procedures: _____

9. Have you had extensive dental work? ❑ Yes ❑ No
Define "extensive" when exposure occurred: _____

10. Does your occupation involve contact with products containing latex? ❑ Yes ❑ No

11. Are you able to tolerate "powder-free" low allergy glove products? ❑ Yes ❑ No

12. Have you been instructed in the acquisition of the glove product you require for your work? ❑ Yes ❑ No

13. Name of products: _____ Glove size: _____

Please notify your employer and the Employee Health Nurse of any changing response in gloves or other workplace exposure, e.g., contact dermatitis, or other symptoms of allergic response.

_____
Employee Date Completed

_____
Employee Health Nurse Date Reviewed

Action: _____