24/7 STAFFING SOLUTIONS

LATEX SENSITIVITY QUESTIONNAIRE

NAME (PRINT): _____ **DATE:** _____

DEPARTMENT: _____ **JOB FUNCTION:** _____

	YES	NO
Do you have: (please circle conditions that apply) Allergies? If so, to what: _____ Hay Fever? Asthma? Eczema? Problems with rashes? If yes, where on your body: _____		
Have you ever had a strong allergic reaction (anaphylaxis) or other unexplained reaction during a medical procedure? If so, please explain: _____		
Have you ever had a swelling, itching or hives on your lips or around your mouth during or after: (please circle the items that apply) Blowing up a balloon? A dental procedure? If yes to either, please explain: _____		
Have you ever had swelling, itching or hives following a vaginal or rectal exam or after contact with a diaphragm or condom?		
Have you ever had swelling, itching, hives, runny nose or eye irritation, wheezing or asthma during or within one hour after wearing or being examined by someone wearing latex or rubber gloves?		
Has a physician ever told you that you have a rubber or latex allergy?		

Signature: _____ **Date:** _____

Evaluator: _____ **Date:** _____