

## Latex Allergy Screening Tool

Name	:	Date:	/	_/			
	on: This tool is not intended to be all-inclusive. I ive to natural rubber latex should consult their ph		ether they a	are or m	ay be		
1.	Have you ever had an anaphylactic reaction to If yes, under what circumstances did it occur?		YES	NO			
2.	Have you ever been told by a doctor that you have an allergy to latex products? YES NO If yes, to what specifically were you told you were allergic to?						
3. 4.	Do you have any congenital abnormalities (i.e., spina bifida, myeloma, myelodysplasia)? YES NO Have you had a reaction to any of the following personal sources of latex?						
	<ul> <li>Balloons</li> <li>Rubber gloves</li> <li>Hot water bottles</li> <li>Rubber bands</li> <li>Foam pillows</li> <li>Baby bottles, nipples</li> <li>Pacifiers, teething rings</li> <li>Belts, bras, suspenders</li> <li>Rubber grips</li> </ul>	Latex birth o Dental coffe Erasers Face masks Elastic band Cuffs, elasti Ostomy bag Shoe wear Other	rdams lages c waistban s	ds			

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

	Difficulty breathing Chapping/cracking of hands Running nose/congestion Itching		-	Redness Swelling Hives Other
6.	Do you have a history of the following?			
	Contact Dermatitis Asthma Hay fever			Eczema Autoimmune disease
7.	Do you have food allergies? If yes, what are they?	YES	NO	
8.	Have you had any previous surgeries? If yes, what types of procedures?		NO	
9.	Have you had extensive dental work? If yes, what types of procedures?		NO	
10	. Does you occupation involve contact with	products o	containir	ng latex? YES NO
11	. Are you able to tolerate "powder-free" low	lucts? YES NO		