



Screening Questionnaire for Natural Rubber Latex Sensitivity

Name: _____ Dept: _____ Date: _____

IMPORTANT CAUTION: This questionnaire is not intended to be all-inclusive. Individuals who are uncertain whether they have sensitivities or allergies to natural rubber latex proteins and/or chemicals should consult a physician.

1. Has a doctor ever told you that you have an allergy to any latex product? Yes No
If yes, to what specifically did the doctor say you were allergic? _____
2. Have you had a reaction to any of the following personal sources of latex?

	Y	N		Y	N		Y	N
Adhesive Tape			Condoms			Dental Masks		
Balloons			Carpet Backing			Garden Hoses		
Rubber Gloves			Clothing			Golf Grips		
Brassieres			Foam Pillows			IV Tubing		
Hot Water Bottles			Rubber Cement			Latex Cuffs		
Rubber Balls			Suspenders			Milking Machines		
Rubber Bands			Teething Rings			Ostomy Bags		
Ace Bandages			Corsets			Pacifiers		
Dental Bite Block			Dental Cofferdams			Shoe wear		
Bandages			Erasers			Tennis Grip		
Belts			Face Masks			Weather Stripping		

3. Do you have a history of...

	Y	N		Y	N
Contact Dermatitis			Eczema		
Rhinitis or Conjunctivitis			Autoimmune Disease		
Hay Fever			Asthma		

4. Do you have any food allergies? Yes No

If yes, are you allergic to any of the following? R (recent) L (long-standing)

	R	L		R	L		R	L
Banana			Avocado			Potato		
Kiwi			Chestnuts			Milk		
Peaches			Tomato			Papaya		
Passion Fruit			Other:					

5. After handling latex products, have you experienced:

	Y	N		Y	N
Chapping or "cracking" of hands			Redness		
Runny Nose/Congestion			Swelling		
Itching (Hands, eyes, etc.)			Hives		
Other:					

6. Have you had any previous surgeries? Yes No How many? _____

What type? _____

7. Have you had extensive dental work? Yes No

8. Do you have any congenital abnormalities (i.e. spina bifida)? Yes No

What type? _____

9. Does your occupation involve frequent contact with products containing latex? Yes No

If yes, which products are they? _____

10. Have you ever had an anaphylactic reaction to latex devices? Yes No

If yes, under what circumstances did it occur? _____

Comments: _____
