Latex Allergy Screen

1. Do you have allergies, asthma, or rhinitis (hay fever) after the use of rubber or latex products or powder?.................................o Yes  o No

2. Do you have a rash, redness, or swelling lasting 1-2 days after the use of gloves?........................................................................o Yes  o No

3. Have you ever had a work-related rash on your hands lasting longer than one week following glove use?.................................o Yes  o No

4. Are you known to be allergic and/or do you have any adverse reactions when you ingest any of the following foods: avocado, banana, chestnut, papaya, kiwi, hazelnut, cherries or peaches?.................................o Yes  o No

5. Have you ever had swelling, itching or hives around your mouth after blowing up a balloon?..........................................................o Yes  o No

6. Have you ever had swelling, itching or hives around your mouth during or after a dental examination or procedure?..........................o Yes  o No

7. Have you ever had swelling, itching or hives following a vaginal or rectal examination or after contact with a diaphragm or condom?..................o Yes  o No

8. Have you ever had swelling or hives on your hands during or within one hour after wearing rubber latex gloves?............................o Yes  o No

9. Have you ever noticed that you had a runny nose, watery eyes, facial swelling, or wheezing during or immediately after contact with latex products or in and environment where latex use is high (e.g. hospital or clinic)?..........................................................o Yes  o No

10. Has a physician ever diagnosed you as latex allergic or powder allergic?....o Yes  o No

11. Have you ever had a serious allergic reaction (e.g. anaphylaxis) or other unexplained reaction during a medical exam or procedure where contact with latex was involved?.........................................................o Yes  o No

If an individual answers yes to any of the above questions, a RAST Test will be given following the “RAST Test Standing Orders.”

Signature: ________________________________  Date: ________________

SS#: __________________________