

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 an 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#: _____