

Latex Allergy Screening Tool

Name	i	Date:	_/	_/							
	on: This tool is not intended to be all-inclusive. ive to natural rubber latex should consult their p		er they	are or m	ay be						
1.	Have you ever had an anaphylactic reaction t 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?										
	Do you have any congenital abnormalities (i.e., spina bifida, myeloma, myelodysplasia)? YES NO										
4.	Have you had a reaction to any of the following personal sources of latex?										
	Balloons	Latex birth cor	ntrol dev	ices							
	Rubber gloves	Dental cofferd	ams								
	Hot water bottles	Erasers	Erasers								
	Rubber bands	Face masks	Face masks								
	Foam pillows	Elastic bandaç	Elastic bandages								
	Baby bottles, nipples	Cuffs, elastic v	Cuffs, elastic waistbands								
	Pacifiers, teething rings	Ostomy bags	Ostomy bags								
	Belts, bras, suspenders	Shoe wear									
	Rubber grips	Other									

5.	After handling latex products, have you ex	ng latex products, have you experienced any of the following?							
	Difficulty breathing				Redness				
	Chapping/cracking of hands	Swelling							
	Running nose/congestion				Hives				
	Itching			(Other				
6.	Do you have a history of the following?								
	Contact Dermatitis			I	Eczema				
	Asthma			/	Autoimmune o	lisease			
	Hay fever								
7.	Do you have food allergies?	YES	NO						
	If yes, what are they?								
8.	Have you had any previous surgeries?	YES	NO						
	If yes, what types of procedures?								
9.	Have you had extensive dental work?		NO						
	If yes, what types of procedures?								
10	Does you occupation involve contact with	products (rontaini	na latev?	YES	NO			
10.	Does you occupation involve contact with	products	Jornann	ing latex:	120	110			
11.	Are you able to tolerate "powder-free" low	YES	NO						