



Latex Allergy Screening Tool

Name: _____

Date: ____/____/____

Caution: This tool is not intended to be all-inclusive. Individuals who are uncertain whether they are or may be sensitive to natural rubber latex should consult their physician.

1. Have you ever had an anaphylactic reaction to latex devices/products? YES NO
If yes, under what circumstances did it occur? _____

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. 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

_____ Rubber gloves

_____ Hot water bottles

_____ Rubber bands

_____ Foam pillows

_____ Baby bottles, nipples

_____ Pacifiers, teething rings

_____ Belts, bras, suspenders

_____ Rubber grips

_____ Latex birth control devices

_____ Dental cofferdams

_____ Erasers

_____ Face masks

_____ Elastic bandages

_____ Cuffs, elastic waistbands

_____ Ostomy bags

_____ Shoe wear

_____ Other _____

