**Orientation - Latex Allergy Screening Questionnaire**

Name:       Date of Birth:

Dept:       Classification:

**Personal Health History**

Allergies

Do you have allergies?  Yes  No

If yes, how long have you had them? Months       Years

What are you allergic to?

Contact Allergy - Rash (i.e., soaps, perfumes, creams) - List:

Food Allergy – List:

Animals - List:

Other - List:

Do you have, or have you had:

Asthma When?

Hay Fever When?

Cough When?

Burning, Itching or Runny Eyes When?

Dermatitis

Have you ever had any dermatological conditions (i.e., eczema)?

If yes, describe:

Describe any current dermatitis, rash (location, characteristics, etc.):

Is there any family history (parents, siblings) of dermatological conditions (i.e., rashes)?  Yes  No

Have you ever experienced adverse symptoms which occurred during and/or following the use of the following products? How long after contact did symptoms occur?

Household Gloves:

Latex Gloves:

Dental Cofferdams:

Balloons:

Rubber Contraceptives (i.e., condoms or diaphragms):

Have you ever experienced any symptoms following a dental or medical examination and/or treatment where the physician has worn gloves or used latex products (i.e., vertigo, nausea, dizziness, local reaction)?

Year:       Describe:

Year:       Describe:

Year:       Describe:

Year:       Describe:

Current Position in the Workplace

Job Title:       Department:       For How Long:

Employment in previous departments:

Previous Employment

Where?:       For how long:

Latex Products Usage

Please indicate frequency of use and trade name of latex product/glove:

Have you tried powder-free latex gloves?  Yes  No

How many hours each working day do you wear gloves?

How many times a day do you change them?

Do you wear a liner? Cotton?  Yes  No Vinyl?  Yes  No

If yes, why?

Does it make a difference?

Do you handle chemicals or irritating substances without glove use?

At work:       At home:

Do you wear rubber gloves at home?  Yes  No

If yes what type?

Have you ever experienced any of the following symptoms during or after exposure to latex products?

Itching  Dizziness  Rash

Palpitations  Hives  Difficulty breathing

Wheezing  Eye irritation/edema  Congestion

Any previous diagnosis or treatment for these symptoms (eg: allergy testing, medications, etc.)?

Signature: Date:

Occupational Health Co-ordinator's Comments:

**Referral to:**

Physician  Latex Allergy Testing

Occupational Health Co-ordinator Signature Date:

**Reference**

Grand River Hospital, Kitchener-Waterloo, Ontario