**LATEX ALLERGY QUESTIONNAIRE**

**Answer the following questions:**

- **YES**  **NO** Are you allergic to latex?
- **YES**  **NO** Do you wear latex gloves?
- **YES**  **NO** Do you have hay fever or other allergies?
- **YES**  **NO** Do you suffer from skin rashes on your hands?
- **YES**  **NO** Have you had many surgeries?

**When around latex have you had:**

- **YES**  **NO** Itchy, red eyes, fits of sneezing, runny or stuffy nose?
- **YES**  **NO** Shortness of breath, wheezing, or chest tightness?

If you have ever worn latex gloves:

- **YES**  **NO** Have you had a rash, itching, or cracking on hands?
- **YES**  **NO** If Yes, have these symptoms recently changed?
- **YES**  **NO** If Yes, did you have problems?
- **YES**  **NO** Have you used different types of rubber gloves?
- **YES**  **NO** If Yes, did you have problems?
- **YES**  **NO** Have you tried non-latex gloves?
- **YES**  **NO** If Yes, did you have problems?

**Have you had:**

- **YES**  **NO** Itching/swelling after dental, rectal or pelvic exam?
- **YES**  **NO** Difficulty breathing after blowing up a balloon?
- **YES**  **NO** An allergic reaction requiring treatment?

Circle foods that cause hives, itching of lips or throat, or other severe symptoms when you eat or handle them.

Avocado  Banana  Tomatoes  Carrots  Hazelnuts  Melon  Kiwi  Cherries  Peaches  Celery  Plums  Papaya

If you have answered YES to any of the above questions, please explain:

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**I attest that I have given truthful information and I understand that falsification will result in termination of employment or withdrawal of an employment offer.**

Your Signature ___________________________ Date ___________________________