**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