

LATEX ALLERGY SCREENING QUESTIONNAIRE
FOR OFFICIAL USE ONLY (WHEN FILLED)

SECTION I – EMPLOYEE INFORMATION

1. Last Name:	2. First Name:	3. MI:	4. DOD ID#:	5. Rank/Rate:	6. Email:
7. Command/Unit Name:		8. Command UIC:	9. Job Title/Position:		
10. Dept/Div/Work Center:			11. Duty Telephone:	12. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

SECTION II – LATEX SCREENING

*****Note: Allergic symptoms may include sneezing, runny nose, hand rash, wheezing, eczema, hives, hypotension, anaphylaxis, etc.*****

1. Do you have regular contact with latex gloves or other rubber products? Yes No

2. Indicate whether you have a history of any symptom or side effects after eating any of the following:

a. Avocado, banana, potato, tomato, chestnut, kiwi, papaya, peach, bell pepper, turnip, mango, fig, melon, pineapple, or zucchini? Yes No

b. Any other plants? (Note them below) Yes No

3. Have you ever had any side effects associated with exposure to latex gloves or any other product containing rubber or latex (e.g. balloons, condoms, etc.)? Yes No

4. Have you ever had frequent dental procedures or any medical condition or problem that resulted in multiple operations or chronic medical instrumentation, such as urinary catheterization? Yes No

5. Have you ever experienced hay fever, eczema, anaphylaxis, hives, or symptoms of asthma? Yes No

6. Have you ever experienced any allergic reaction to anything not included in any of the questions above? Yes No

7. If Yes to any allergic reaction, specify the cause(s), if known.

a. Enter unknown if not known:

b. Enter none if entire allergy history is negative:

SECTION III – MEDICAL STAFF ASSESSMENT

Needs referral to Occupational Medicine (OM) provider for further assessment.

Does not need referral to OM provider for further assessment.

* If in doubt discuss with OM provider.

Staff Signature: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____ Command UIC: _____ DoD ID#: _____