

## LATEX ALLERGY QUESTIONNAIRE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Have you ever experienced skin irritation, including redness, rash, hives, or itching when exposed to latex products, such as balloons, condoms or gloves?

Yes                  No

2. If yes, did you seek treatment for the symptoms?

Yes                  No

3. Have you been diagnosed with having latex allergies?

Yes                  No

4. If yes, do you wear Medicalert bracelet?

Yes                  No

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I, \_\_\_\_\_, have had symptoms of latex allergy and need to be provided with non-latex gloves during clinical or lab practice.

I, \_\_\_\_\_, have had NO symptoms of latex allergies that I am aware of.