



**Latex Allergy Questionnaire
and Evaluation Report**

Latex Allergy Questionnaire – To be Completed by Subject

1. Please answer the following questions by circling *yes* or *no*:

- | | | |
|----|-----|--|
| No | Yes | Are you allergic to latex? |
| No | Yes | Do you wear latex gloves? |
| No | Yes | Do your fellow healthcare workers wear latex gloves? |
| No | Yes | Do you suffer from skin rashes on your hands? |
| No | Yes | Have you had many surgeries? |
| No | Yes | Do you have fever or other common allergies? |

2. If you have ever worn latex gloves:

- | | | |
|----|-----|---|
| No | Yes | Have you had a rash, itching, or cracking of your hands? |
| No | Yes | Have these symptoms recently changed? |
| No | Yes | Have you been using different types of rubber gloves? |
| No | Yes | If you have tried non-latex gloves, did your problem persist? |

3. When you were wearing or around others who are wearing latex gloves, have you noted any of the following:

- | | | |
|----|-----|--|
| No | Yes | Itchy, red eyes, fits of sneezing, runny or stuffy nose? |
| No | Yes | Shortness of breath, wheezing, or chest tightness? |

4. Have you experienced any of the following reactions:

- | | | |
|----|-----|--|
| No | Yes | Itching, swelling, or other symptoms after a dental, rectal, or pelvic exam? |
| No | Yes | Swelling or difficulty breathing after blowing up a balloon? |
| No | Yes | An allergic reaction, which required treatment from a doctor? |

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

Subject Signature:

Patient Name

Practitioner's Medical Evaluation

I have reviewed the answers provided by the examinee and discussed any concerns, if applicable. Based upon my review and evaluation:

- **No Latex Allergy:** I have found no indication of a latex allergy.
- **Possible Latex Allergy:** The examinee exhibits inconclusive symptoms that may indicate an allergy to latex. Further evaluation, testing and/or monitoring is advised.
- **Latex Allergy:** The examinee exhibits conclusive symptoms that indicate an allergic to latex

Practitioner Name and Credentials: _____

Practitioner Signature: _____

Date Completed: _____