

UPSTATE

UNIVERSITY HOSPITAL

Employee/Student Health

750 East Adams Street

Syracuse, NY 13210

Phone: 315.464.4260 • Fax: 315.464.5471

ALLERGY HX SCREENING

Name: _____

Department: _____

ID#: _____

1. Do you have allergies? Yes No

2. Detail allergies: _____

3. Do you have a history of . . .

contact dermatitis . . . Yes No eczema . . . Yes No rhinitis or conjunctivitis . . . Yes No
hay fever . . . Yes No asthma . . . Yes No autoimmune disease . . . Yes No

4. Do you have any food allergies? NONE Check any of the following if positive:

banana fig peaches avocado nectarine tomato papaya plum
 potato kiwi cherry chestnuts passion fruit melons milk

5. Have you ever had an allergic reaction to latex products?

adhesive tape baby bottle nipples balloons ACE bandages
 band-aids belts, bras, suspenders carpet backing cuffs, elastic waistbands
 dental cofferdams dental masks erasers face masks
 foam rubber garden hose hot water bottles IV tubing
 latex birth control devices ostomy bags rubber bands, balls rubber cement
 rubber gloves rubber tennis/golf grips pacifiers, teething rings weather stripping

other: _____

6. After handling latex products, have you experienced . . . Check all that apply:

redness dermatitis hives itching (hands, eyes, etc.) swelling runny nose/congestion
 problem breathing

other: _____

7. History of latex reactions or undiagnosed reactions during medical or dental work. . . . Yes No

Describe response: _____

8. Does your occupation involve exposure to latex or rubber? Yes No

If yes, what latex products do you work with? _____

9. Will this employment involve direct or indirect contact with animals or animal products? Yes No

If yes, **Animal Contact Form** must be completed.

10. Comments and Recommendations:

Employee Signature: _____ ESH Staff Initials: _____ Date: _____