

Employee/Student Health
ALLERGY HX SCREENING

Name: _____

Date: _____

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 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? NO, Check all which apply

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 which apply

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

other: _____

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

If yes, explain incidence: _____

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, which species will you have contact with at work: Check all which apply

Mice Amphibians Rats Dogs Hamsters Cats Non-human parts
 Guinea pigs Pigs Gerbals Sheep Rabbits Goats

10. Comments and Recommendations:

