Latex Questionnaire
To be Completed by the Student

1. Have you ever been diagnosed with latex allergy by a physician?  
   □ yes  □ no  
   If yes, provide the date, location, and physician’s name ____________________

2. After handling latex products, have you ever experienced: (check all that apply)  
   □ difficulty breathing  □ rash  
   □ chapping or cracking of hands  □ swelling  
   □ runny nose/ congestion  □ hives  
   □ itching of hands, eyes, etc.  □ other ____________________

3. Have you ever had a reaction to the following? (check all that apply)  
   □ balloons  □ dental coffer dams  
   □ rubber gloves  □ erasers  
   □ hot water bottles  □ face mask  
   □ rubber bands, balls  □ foam pillows  
   □ ACE bandages  □ rubber grips  
   □ baby bottle nipples  □ ostomy bags  
   □ pacifiers, teething rings  □ shoe wear  
   □ belts, bras, suspenders  □ latex birth control devices  
   □ cuffs, elastic waistbands  □ other

4. Do you have a history of contact dermatitis when wearing gloves?  
   □ yes  □ no  
   If yes, please describe the reaction _______________________________________

5. Have you ever had facial swelling, hives, or difficulty breathing while wearing latex gloves?  
   □ yes  □ no  
   If yes, please describe the reaction _______________________________________

6. Have you ever had facial swelling, hives, or difficulty breathing after being examined by a physician or dentist who was wearing latex gloves?  
   □ yes  □ no  
   If yes, please describe the reaction _______________________________________

7. Do you have any allergies to medications or foods?  
   □ yes  □ no  
   If yes, please list _______________________________________________________

______________________________________  PID#  _______________
Student Signature                                      Date