



James A. Taylor Student Health Service

Division of Student Affairs
The University of North Carolina at Chapel Hill
CB# 7470, Student Health Service Building
Chapel Hill, NC 27599-470 PHONE 919-966-2281

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 _____

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|-------------------|------|------|
| Student Signature | PID# | Date |
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