

**OSHA Latex Allergy Assessment:**

Do you wear latex gloves or come in contact with latex products at home?	Yes	No
Are you in another occupation that exposes you to latex or rubber products?		
Do you have a history of eczema, rash, itching, cracking of the skin on your hands after wearing latex products?		
Do any of the following foods below cause urticaria (hives), itching of the lips or throat or more severe symptoms (circle each) avocado, kiwi, sweet chestnut, banana, hazelnut, tomato, potato (problems after eating or peeling).		
Do you have spina bifida OR did you undergo frequent surgeries or medically invasive procedures as a child?		
Have you experienced an allergic reaction during a surgical procedure?		
Have there ever been unexplained events that occurred during previous operations?		
Have you ever had any itching, swelling, rash or other symptoms after dental, rectal or pelvic examinations?		
Have you had any of the symptoms below when you have been in contact with latex or rubber products (balloons, rubber gloves, condoms, rubber bands, new pencil erasers, please underline) itchy red eyes, sneezing, runny or blocked nose, rash, swelling, wheezing, chest tightness, or difficulty breathing? (please circle)		

Signature: /s/ \_\_\_\_\_ Date: \_\_\_\_\_

RN Reviewer: /s/ \_\_\_\_\_ Date: \_\_\_\_\_