

NORTH COUNTRY ORTHOPAEDIC
AMBULATORY SURGERY CENTER



LATEX ALLERGY QUESTIONNAIRE

Name: _____ **Date:** _____

Please answer the following questions:

Do you suffer from:

- Seasonal Hay Fever Yes No
- Eczema..... Yes No
- Autoimmune Disease..... Yes No
- Chronic Asthma..... Yes No

Are you allergic to any of the following items:

- Kiwi Fruit..... Yes No
- Avocados..... Yes No
- Guacamole Yes No
- Bananas Yes No
- Chestnuts..... Yes No

Have you ever been told by a physician that you are allergic to latex? Yes No

Are you a healthcare worker or do you regularly wear latex gloves at work? Yes No

Do your fellow workers regularly wear latex gloves?..... Yes No

When you wear or are around others wearing latex gloves, have you experienced any of the following:

- a. Itchy red eyes, fits of sneezing, runny or stuffy nose, or itching of the nose of palate? Yes No
- b. Shortness of breath, wheezing, chest tightness, or difficulty breathing?..... Yes No
- c. Any other acute reaction, such as severe swelling or shock?..... Yes No

Did you undergo frequent surgeries or invasive medical procedures during infancy? Yes No

Have you experienced itching or irritation from the waistband or your underclothes?... Yes No

Have you had shortness of breath or other difficulties breathing after blowing up a balloon? Yes No

Have you had skin reactions to plastic adhesive bandages? Yes No

Have you experienced allergic reactions after a visit to the Dentist?..... Yes No

Have you experienced itching or swelling caused by condoms, diaphragms or latex sexual aids? Yes No