UCSF OCCUPATIONAL HEALTH SERVICES
1600 Divisadero Street, Box 1661
San Francisco, CA 94115
(415) 885-7580/ (415) 514-5614 fax

Attach Label Here

LATEX ALLERGY QUESTIONNAIRE

Instructions:

Please print out and complete the following form and **fax to Occupational Health Services 415-514-5614.** An occupational health practitioner will contact you after reviewing this form.

If you have any questions regarding this form, please contact the Office of Environment, Health and Safety at 415-514-3531.

Contact Info (phone): _____(email):_____

Department:_____ Job Title:_____

RISK FACTOR ASSESSMENT (check appropriate box)	**Yes**	**No**
1. Do you wear latex gloves regularly or are you otherwise exposed to latex regularly?	☐	☐
2. Do you have a history of eczema or other rashes on your skin?	☐	☐
3. Do you have a history of frequent surgeries or invasive procedures?	☐	☐
a. Did these take place when you were an infant?		
4. Do you have a history of hay fever, asthma or other allergies?	☐	☐
5. Do your fellow employees wear latex gloves regularly?	☐	☐
6. Do you take beta-blocker medication?	☐	☐
7. Circle any foods that cause hives, itching of the lips or throat or more severe symptoms if you eat or touch them: avocado, apple, pear, celery, carrots, hazelnuts, kiwi, papaya, pineapple, peach, cherries, plum, apricot, banana, melon, chestnut, nectarine, grapes, fig, passion fruit, tomatoes or potatoes.	☐	☐
8. Are you allergic to Cephalosporin (Ancef, Keflex, Kefzol, Ceclor, Zinacef, Claforen, Rocephin)?	☐	☐

HISTORY OF REACTIONS SUGGESTIVE OF LATEX ALLERGY		
1. Do you have a history of anaphylaxis or intraoperative shock?	☐	☐
2. Have you had itching, swelling or other symptoms following dental, rectal or pelvic exams?	☐	☐
3. Have you experienced swelling or difficulty breathing after blowing up a balloon?	☐	☐
4. Do condoms, diaphragms or sexual aids cause itching or swelling?	☐	☐
5. Do rubber handles, rubber bands or elastic bands on clothing cause any discomfort?	☐	☐

EXPOSURE ASSESSMENT		
1. When you wear or are around others wearing latex gloves do you have:	☐	☐
a. Rash, itching, cracking, chapping, scaling or weeping of skin?	☐	☐
b. Hives, red, itchy, swollen hands within 30 minutes or “water blisters” on your hands within one day?	☐	☐
c. Itchy, red eyes; fits of sneezing, runny or stuffy nose, itching of the nose or palate?	☐	☐
d. Shortness of breath, wheezing, chest tightness or difficulty breathing?	☐	☐
e. Other acute reactions, including generalized or sever swelling or shock?	☐	☐
****If all answers to the questions above are “no”, skip final 4 questions****		
2. Have these symptoms recently changed or worsened?	☐	☐
3. Have you used a different brand of latex gloves?	☐	☐
a. If so, have your symptoms persisted?		
4. Have you used non latex gloves?	☐	☐
a. If so, have you had the same symptoms or similar symptoms as with latex gloves?		

For Clinic Personnel Only

Educational Materials Given to worker: ☐ Yes ☐ No Referred for clearance: ☐ Yes ☐ No

Discussion /Suggestions to worker:

RAST test ordered: ☐ Yes ☐ No Date:_____ Result:_____

Clinician Printed Name / Title / Provider # Clinician Signature / Date: