

Latex Sensitivity Health History

NAME _____ PROGRAM: _____

	<u>YES</u>	<u>NO</u>
1. Do you have any swelling or itching of lips after blowing up balloons? <u>If yes</u> , please explain _____	_____	_____
2. Have you experienced any swelling or itching after dental, vaginal or rectal exams? <u>If yes</u> , please explain _____	_____	_____
3. Have you experienced any swelling or itching with use of condoms or diaphragms? <u>If yes</u> , please explain _____	_____	_____
4. Do you have any history of eczema or dermatitis of the hands? <u>If yes</u> , please explain _____	_____	_____
5. Do you have any other skin problems? <u>If yes</u> , please explain _____	_____	_____
6. Do you have any food allergies? <u>If yes</u> , to what foods? _____	_____	_____
7. Do you have any other allergies? <u>If yes</u> , please explain _____ _____	_____	_____
8. Do you have any history of unexplained nasal congestion, itchy, watering eyes, or chest congestion while at work? <u>If yes</u> , please explain _____ _____	_____	_____
9. Have you had multiple surgical procedures as an infant? <u>If yes</u> , what type and why? _____ _____	_____	_____
10. Have you ever experienced an unexplained anaphylactic reaction during or after a surgical procedure? <u>If yes</u> , please explain _____ _____ _____	_____	_____

Signature _____ Date: _____

Parent/Guardian Signature (Required if student is under the age of 18): _____