


Latex Allergy **RED FLAGS**

If someone answers yes to any or all of the following "red flags", it is important to consider the possibility of latex allergy and proceed with caution. Consult a medical professional as soon as possible.

Exposure remains the key factor for developing latex allergy and certain considerations may increase the possibility of becoming latex allergic.

These "red flags" are important to recognize. They often lead to early diagnosis and can be utilized to reduce latex significant exposure (medical, dental and occupational) and lessen the chance of becoming latex allergic.

Remember - latex exposure is the key factor.

Circle the answer and provide comments when appropriate				*Describe and/or provide comments
Do you think or have you been told you are allergic to latex or rubber products?	No	Yes*	Not Sure*	
Do you wear latex gloves regularly?	No	Yes*	Not Sure*	Home, Work, Other (circle)
Do your co-workers or others around you wear latex gloves regularly?	No	Yes	Not Sure*	If yes are the gloves: A. Powered B. Powder-free C. Both D. Not Sure* * Check glove boxes
Does your job involve the manufacture of latex/rubber products?	No	Yes		*
Do you have a history of hand rashes or eczema from wearing gloves?	No	Yes*	Not Sure*	How long and describe symptoms:
Have you used different brands or kinds of gloves?	No	Yes*	Not Sure*	* Check glove boxes
Have these symptoms changed or worsened?	No	Yes*	Not Sure*	*
Do your symptoms go away or lessen when gloves are not worn?	No	Yes*	Some-times	*
Have you consulted a dermatologist or other physician concerning your symptoms?	No	Yes*		*
Do you have asthma symptoms - difficulty breathing, chest tightness, persistent cough at work?	No	Yes*	Some-times*	*
Do you have a history of anaphylaxis or of intra-operative shock?	No	Yes*	Not Sure*	*
Do you have a medical condition or chronic illness that requires frequent hospitalizations, medical procedures or surgeries?	No	Yes*		*
Did the surgeries take place during infancy?	No	Yes*		*

Did the surgeries take place during childhood or adolescence?	No	Yes*	*
Did the surgeries take place in adulthood?	No	Yes*	*
Can you think of any other situation (medical/dental) in which you are regularly exposed to latex products not mentioned above?	No	Yes*	Not Sure* *
Do you have a history of "hay fever" or other allergies?	No	Yes*	Not Sure* *
Have you been diagnosed with asthma?	No	Yes*	*

When you wear or are around others wearing latex gloves, particularly powdered latex gloves, do you have any of the following symptoms? (Circle all that apply)

Eyes	Nose	Lungs	Other
Redness	Runny Nose	Shortness of Breath	Generalized Itching
Tearing	Congestion	Wheezing	Hives/Rashes
Swelling	Itching	Chest Tightness	Skin Flushing
Itching	Sneezing	Difficulty Breathing	Mouth/throat Itching
Conjunctivitis	Sinusitis	Persistent Cough	Throat Tightness
			Abdominal Cramping or Nausea
			Generalized or Severe Swelling
			Drop in Blood Pressure
			Tachycardia (rapid heart rate)
			Shock

Circle any foods that cause allergic symptoms (itching, redness, swelling, difficulty breathing or other) when you eat or handle them:

Banana	Apple	Pear	Rye	Avocado	Carrot
Peach	Wheat	Chestnut	Celery	Cherry	Grass
Papaya	Pineapple	Ragweed	Kiwi	Strawberry	Mugwort
Tomato	Fig	Hazelnut	Potato	Grape	Walnut
Melon	Apricot	Soybean	Passion Fruit	Peanut	Plums
Nectarine	Mango				

Please comment on any additional symptoms, condition or situation concerning symptoms associated with exposure to latex or rubber products you feel may be important.