

Occupational Health

Dermatitis/Latex Allergy History



Dermatitis/Latex Allergy History Pre-Employment Screen

Date Form Completed: ____/____/____

Name: _____

Job Title: _____ Dept: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you allergic to rubber, latex, or powdered gloves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do your lips swell up or itch after you blow up a balloon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have reactions (swelling, itching, trouble breathing, swallowing, or hives) during dental procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever reacted to condoms or diaphragms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had eczema or rashes on your hands caused by latex or powder? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "yes", have you seen a physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Diagnosis: _____ | | |
| 6. Do you have asthma caused by latex or powder? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "yes", what triggers it? _____ | | |
| 7. Are you allergic to any tropical fruits (avocado, bananas, kiwi, or strawberries)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "yes", list: _____ | | |

This section to be completed by OH Nurse

Ref: to number(s): _____

Referred to OH Physician: ☐ Yes ☐ No

Appointment Date: _____ Time: _____

Occupational Health Nurse

Date