



THE CENTER FOR REHABILITATION

at BERKSHIRE MEDICAL CENTER

LATEX ALLERGY SCREENING TOOL

Patient Name:

Date of Birth:

| | | YES | NO |
|----|---|-----|----|
| 1. | Do you have a physician documented latex allergy? | | |
| 2. | History of Asthma? | | |
| 3. | History of eczema | | |
| 4. | Occupational exposure to latex? | | |
| 5. | Allergic symptoms with exposure to: | YES | NO |
| | Wearing rubber gloves | | |
| | Gloves during dental exam | | |
| | Blowing up balloons | | |
| | Diaphragms | | |
| | Gloves with rectal exam | | |
| | Gloves with vaginal exam | | |
| | Condoms | | |
| 6. | Symptoms noted with exposure to latex: | YES | NO |
| | Anaphylaxis/Shock | | |
| | Difficulty breathing | | |
| | Rash/Itching | | |
| | Wheezing | | |
| | Hives | | |

A yes response to any of the questions will require that latex is indicated on the patient's chart as an allergy. An attending physician, who has documented a rationale in the chart may discontinue a latex allergy.