

Latex Sensitivity Health History

NAME _____ PROGRAM: _____

YES NO

1. Do you have any swelling or itching of lips after blowing up balloons?
If yes, please explain _____
2. Have you experienced any swelling or itching after dental, vaginal or rectal exams?
If yes, please explain _____
3. Have you experienced any swelling or itching with use of condoms or diaphragms?
If yes, please explain _____
4. Do you have any history of eczema or dermatitis of the hands?
If yes, please explain _____
5. Do you have any other skin problems?
If yes, please explain _____
6. Do you have any food allergies?
If yes, to what foods? _____
7. Do you have any other allergies?
If yes, please explain _____
8. Do you have an(o)-3(u)-7n(o)-3(u)-6

Have you had multiple surgical procedures as an in

Signature _____ Date: _____

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