# Waukesha County Technical College
## Nursing Department Latex Sensitivity Questionnaire

1. Do you have swelling or itching of lips after blowing up balloons?  
   - Yes  
   - No

2. Have you ever experienced any swelling or itching after contact with Band-Aids, rubber balls, or condoms?  
   - Yes  
   - No

3. Have you ever experienced any swelling or itching after a dental, vaginal, or rectal exam?  
   - Yes  
   - No

4. Do you have a history of contact dermatitis or common allergies (hay fever, asthma, hives, eczema, etc.)?  
   - Yes  
   - No

5. Do you have any food allergies (especially bananas, avocados, tropical fruits, kiwi, chestnuts or other fruits/nuts)?  
   - Yes  
   - No  
   - If yes, please explain:

6. Do you have a history of unexplained nasal congestion; itchy, watery eyes; or chest congestion when in a health care setting?  
   - Yes  
   - No

7. Have you had multiple surgical procedures as an infant?  
   - Yes  
   - No

8. Have you ever experienced an unexplained anaphylactic (allergic) reaction during or after a surgical procedure?  
   - Yes  
   - No  
   - If yes, please explain:

9. Do you wear latex gloves regularly or are you otherwise exposed to latex on a regular basis?  
   - Yes  
   - No

10. Do you have rash, itching, cracking, chapping, scaling, or weeping of the skin after wearing latex gloves?  
    - Yes  
    - No

11. When you wear, or are around others wearing latex gloves, have you noted any of the following:  
    - Itchy, red eyes; sneezing episodes; runny or stuffed nose; itching of nose or palate?  
      - Yes  
      - No
    - Shortness of breath, wheezing, chest tightness, or difficulty breathing?  
      - Yes  
      - No
    - Other acute reaction, including generalized or severe swelling or shock?  
      - Yes  
      - No  
      - If yes, please explain:

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**Note:** If you answer yes to one or more of these questions, and prior to signing your waiver you must bring documentation by an allergist specific to latex allergy.