

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)? <u>If yes, please explain:</u>	Yes	No
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? <u>If yes, please explain:</u>	Yes	No
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? <u>If yes, please explain:</u>	Yes	No

Note: If you answers 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.