



GEORGETOWN UNIVERSITY HOSPITAL
PRE-PLACEMENT LATEX SENSITIVITY QUESTIONNAIRE

Name _____ Date _____

1. Do you have any allergies (medication or food) Yes No

If yes, please explain: _____

2. Do you suffer from any of the following:

Allergic Rhinitis (runny nose) Yes No

Allergic conjunctivitis (red, watery eyes) Yes No

Asthma Yes No

Difficulty Breathing Yes No

Eczema Yes No

Seasonal Allergies Yes No

Hives Yes No

Sinus problems Yes No

In space provided, please explain any questions to which you answered yes:

Four horizontal lines for handwritten explanation.

3. List any medications you take, including inhalers, not listed on the health history form:

Horizontal line for handwritten medication list.

4. Have you ever had any skin rashes or breathing problems after handling, or being exposed to, the following:

- Gloves (latex or vinyl) Yes No
Band-Aids Yes No
Balloons, Condoms, or other rubber products Yes No
Bananas, Kiwis, Papaya, Chestnuts, Avocado, Passion Fruit Yes No
Potato, Tomato, Peaches or other tropical fruits Yes No
Dental, Surgical or Gynecology exams Yes No

Employee Signature

Signature of EHS practitioner