**SECTION 1**

Patient responding **YES** to any question in **SECTION 1** should be considered latex allergic. **A latex allergy alert sticker is applied, and the patient is to be treated with latex precautions.**

1. Have you ever been told by a doctor that you have an allergy to any latex products?
   - YES □
   - NO □

2. Have you ever had a severe (anaphylactic) reaction to a latex device/product?
   - YES □
   - NO □
   If yes, please describe: ____________________________________________________________

3. Have you ever experienced itching, hives, runny nose, swelling, eye irritation or wheezing after touching latex containing products such as rubber gloves, blowing up balloons, rubber bands, catheters, condoms, diaphragms, tourniquets, or blood pressure cuffs?
   - YES □
   - NO □
   If yes, please describe: ____________________________________________________________

4. Have you had a reaction (local swelling, itching, hives, wheezing) to a device or catheter used in a bowel or bladder procedure?
   - YES □
   - NO □
   If yes, please describe: ____________________________________________________________

5. Have you had a reaction (local swelling, itching, hives, wheezing) after vaginal, rectal or dental exams?
   - YES □
   - NO □
   If yes, please describe: ____________________________________________________________

**SECTION 2**

Patient responding **YES** to any question in **SECTION 2** should be considered high risk for latex allergy. **A latex allergy alert sticker is applied, and the patient is to be treated with latex precaution.**

1. Do you have spina bifida?
   - YES □
   - NO □

2. Have you experienced progressive hand contact dermatitis, eczema or rash after latex glove use?
   - YES □
   - NO □
   If yes, please describe: ____________________________________________________________

**SECTION 3**

Patient responding **YES** to any **TWO** questions in **SECTION 3** should be considered high risk for latex allergy. **A latex allergy alert sticker is applied and the patient is to be treated with latex precaution.**

1. Are you allergic to chestnuts, bananas, avocados, kiwi, potatoes, tomatoes, peaches, papaya, poinsettia plants, mangos, or pineapple?
   - YES □
   - NO □
   If yes, please describe: ____________________________________________________________

2. Do you work in the health care field or in an occupation involving frequent contact with products containing latex or rubber products?
   - YES □
   - NO □

3. Do you have a history of hay fever (sneezing, runny nose, itchy eyes) or asthma?
   - YES □
   - NO □

**RESULTS**

- Latex precautions are indicated
- Latex precautions are **NOT** indicated
- Latex allergy alert sticker in place
- Latex allergy indicated in allergy profile in powerchart
- Need for latex precautions communicated to unit receiving patient

**PHYSICIAN NOTIFICATION**

- No evidence of latex allergy
- Not necessary, already aware
- Physician notified

**SCREENING TOOL REVIEWED BY:**

Date □ Time □ Signature/Title □

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