Bozeman Deaconess Hospital Employee Health Latex Questionnaire Tel: 406.556.5566 Fax: 406.556.5561

Name:		De	pt:	Date:
Have you ever suffered from the following?	Yes	No	If Yes, Please Explain	I
Allergic Rhinitis (Runny Nose)	П	П	_	
Allergic Conjunctivitis (red, swollen, watery eyes)		П		
Asthma		П		
Bronchitis (difficulty breathing)	П	П		
Eczema				
Hay Fever				
Hives				
Sinus Problems				
Unexplained Rash				
Reaction to Band-Aids/Tapes				
Have you ever reacted after handling/using?	Yes	No	If Yes, Please Explain	
Poinsettia Plant				
Balloons, Condoms				
Rubber Products				
Clothing with Elastic or Spandex				
Elastic Bandages				
Have you ever had any of the following symptoms after a dental appointment, pelvic or rectal exam?	Yes	No	If Yes, Please Explain	
Itching				
Tearing				
Fatigue				
Sneezing				
Runny Nose				
Have you ever reacted after eating?	Yes	No	If Yes, Please Explain	
Avocados				
Bananas				
Tropical fruit such as Kiwi, Passion Fruit, Pineapple				
Chestnuts				
Comments or concerns:				