

SCREENING QUESTIONNAIRE FOR IDENTIFYING NRL SENSITIVITY

Name:

Date of Birth:

Address:

Current Occupation/Position applied for:

PAST MEDICAL HISTORY

1. Do you have a history of any of the following? Please tick any that apply.

Asthma

Hay Fever

Hand Eczema

Eczema elsewhere on the body

2. Have you had any surgery? Yes No

If yes, please give brief details of the procedure and your age at the time

3. Have you had any extensive dental work? Yes No

4. Do you have any congenital abnormalities (e.g.spina bifida)

Yes No

Type.....

5. Do you have any food allergies Yes No

6. If yes, are you allergic to any of the following? Please tick any that apply and briefly describe symptoms

- Banana.....
- Peach.....
- Pineapple.....
- Potato.....
- Avocado.....
- Kiwi Fruit.....
- Papaya.....
- Egg.....
- Tomato.....
- Peanut.....
- Other.....

7. Doe your occupation involve frequent contact with items containing natural rubber latex?

Yes No

8. Have you had a reaction to any of the following products made from natural rubber latex? Please tick any that apply

- Balloons.....
- Rubber gloves.....
- Condoms.....
- Hot water bottles.....
- Rubber balls.....
- Rubber bands.....
- Elastoplast.....
- Elastic bandages.....
- Erasers.....
- Garden hoses.....
- Other.....

9. If you answered yes to the last question, how long after contact and what reaction would you expect to occur? Please state time against any that apply.

- Rash on hands.....
- Itching.....
- Urticaria(Hives).....
- Runny nose.....
- Sneezing.....

Itchy/watery eyes.....
Shortness of breath.....
Facial swelling.....
Dizziness.....
Other.....

10. Have you ever suffered anaphylactic shock? If so, how many times
and under what conditions?

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SUMMARY OF RESULTS
(To be completed by doctor)

Latex sensitivity
assessment.....
.....

IgE and RAST Test Date
performed.....Result.....

Further
referral.....

Use test.....Patch Tests.....Prick Test.....

Any other Type 1
Reaction.....

Outcome.....