



LATEX ALLERGY FORM ANNUALLY REQUIRED

1. You may submit completed forms electronically to OHSocmed@uab.edu. **This is preferred.**
2. You may place the completed forms in a *Confidential Envelop* and return it to:
UAB OH&S Occupational Medicine
CH19, Suite 445-2041
3. You may fax the completed forms to (205) 934-7487. Please be aware that the fax machine is located in the main OH&S office and confidentiality cannot be assured.
4. You may deliver your completed forms to CH19 Suite 412 and place them in the secured lock box at the receptionist desk.

YOUR RESPONSES ARE STRICTLY CONFIDENTIAL

Please complete ALL of the following information:				DATE: _____	
Check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Male <input type="checkbox"/> Female					
Are you employed by UAB? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you (circle one): Full Time Part Time Temporary					
Last Name		First Name		MI	
Job Title		Work Address		Blazer ID	
Date of Birth		E-Mail			
Work Phone		Alt. Phone		Dept	
Dept.		Supervisor Name		PI	
Specify best method of contact (if by phone or pager, provide number):					
In the space below, please provide a brief job description (use back of form if more space is required):					
Has your job changed so that you no longer have latex exposures? <input type="checkbox"/> YES <input type="checkbox"/> NO					

- Status:** (Check all that apply)
- | | | |
|---|---|--|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff/Employee | <input type="checkbox"/> Research Technician/Associate |
| <input type="checkbox"/> Student | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Microbiologist |
| <input type="checkbox"/> Post Doc | <input type="checkbox"/> Pathologist | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Biologist | <input type="checkbox"/> Other (specify) _____ |

Do you have a history of (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seasonal allergies |
| <input type="checkbox"/> Atopy | <input type="checkbox"/> Autoimmune disorders |
| <input type="checkbox"/> Exzema | <input type="checkbox"/> Childhood surgery |
| <input type="checkbox"/> Congenital abnormalities (such as Spina Bifida) | |

Concerning your Latex allergy, please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Local rash within minutes of latex exposure | <input type="checkbox"/> Itching with bumps/hives |
| <input type="checkbox"/> Local rash hours to days after exposure | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Occurs only with powdered gloves | <input type="checkbox"/> Shortness of breath (SOB) |
| <input type="checkbox"/> Rash located on hands or wrists | <input type="checkbox"/> Chest tightness |
| <input type="checkbox"/> Rash occurs on other areas of skin | <input type="checkbox"/> Redness |
| <input type="checkbox"/> Worsen asthma | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Nasal congestion | <input type="checkbox"/> Itching eyes |

Please check any other symptoms or complaints that latex exposure causes.

Skin

- Rash
- Hives
- Eczema
- Swelling
- Itching
- Redness

Nasal/Sinus

- Runny or stuffy nose
- Sneezing
- Itchy Nose
- Poor sense of smell
- Post nasal drainage

Throat

- Soreness
- Hoarseness
- Bad breath
- Swelling

Eye

- Itching
- Watering
- Burning
- Redness
- Puffiness
- Dark circles
- Matting in morning

Chest

- Wheezing
- Coughing
- Tightness
- Shortness of breath
- Frequent bronchitis

How often do your symptoms occur as a result of the following situations:

	NEVER	RARELY	OCCASSIONALLY	ALWAYS
1) when working in your lab area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) when wearing powdered gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) when wearing non-powdered latex gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) when using other latex or rubber items – such as gowns, goggles, masks, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) when co-workers are using or wearing latex or rubber items around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are your symptoms becoming better? _____ same? _____ worse? _____

If worse, describe how the symptoms are changing: _____

Do any of the following items cause your rash, irritation or any of the above symptoms (even if mild)?

Please check all that apply.

- Balloons
- Face mask
- Elastic in clothing
- Rubber bands
- Rubber balls
- Foam pillows
- Any other rubber items (please list):

Please check what you have done to decrease your symptoms:

- use of non-powdered gloves
- use of Nitrile gloves
- use of non-latex gloves
- changed jobs
- Medications: (if so, please list) _____

History: _____

Assurances:

I certify that information provided is true and complete to the best of my knowledge. I understand that any intentional false statement or omission of facts may be grounds for dismissal. I have read the information in this form. I am aware that some health conditions may increase my risk to injury or illness when working with research animals. I understand that I should make my physician aware of these conditions and my duties.

Signature

Date

If electronically submitted, the form must be sent from the employee's UAB email account to satisfy the signature requirement.