



Department Of Radiation Oncology

## Latex Sensitivity Screening Questions for Patients

### Answer YES or NO

1. Do you have a congenital urinary abnormality requiring frequent surgeries or catheterizations?
2. Have you ever had or been told you had an allergy to latex or natural rubber products?
3. Do you have any spinal cord deformities that have been present since birth (such as spina bifida or myelomeningocele)?
4. Have you ever had any of the reactions listed below to rubber gloves, balloons, rubber dental dams, Band-Aids, condoms, rubber bands, rubber toys (like Koosh balls), or other items? Check any reaction you have had:
  - a. \_\_\_ Itching or watery eyes
  - b. \_\_\_ Itching or swelling of your lips or face
  - c. \_\_\_ Itching on your body
  - d. \_\_\_ Hives
  - e. \_\_\_ Sneezing
  - f. \_\_\_ Wheezing
  - g. \_\_\_ Loss of consciousness
5. Have you ever had an unexplained allergic reaction during surgery or other medical or dental procedures? If YES what happened?

---

---

---

6. Do you have allergies to bananas, kiwi, avocado, water chestnuts or tropical fruits? If YES what happened?

---

---

---

---