

PRE-EMPLOYMENT ALLERGOLOGICAL QUESTIONNAIRE FOR WORKERS IN THE HEALTHCARE SECTOR

Name and Surname _____

Date of Birth _____

Position _____

Section 1

Are you allergic to latex? (Y) (N)

Have you ever noticed the appearance of the following reactions after the contact with gloves and/or any other product made from rubber and/or latex?

Urticaria	(Y)	(N)
Face/Lips swelling	(Y)	(N)
Redness of the eyes or eyelids swelling	(Y)	(N)
Hands eczema	(Y)	(N)
Cold and/or nasal itch	(Y)	(N)
Conjunctivitis	(Y)	(N)
Asthma	(Y)	(N)
Anaphylactic shock	(Y)	(N)

Have you ever had allergic reactions after the consumption/contact with the following food/plants?

Banana	(Y)	(N)
Kiwi	(Y)	(N)
Chestnut	(Y)	(N)
Peanut	(Y)	(N)
Avocado	(Y)	(N)
Papaya	(Y)	(N)
Pineapple	(Y)	(N)
Ficus benjamina	(Y)	(N)

Section 2

Does some of your close relatives suffer from confirmed allergic pathology? (Y) (N)

If so, which allergic pathology? _____

Have you ever had skin diseases? (Y) (N)

If so, which skin disease? _____

Have you ever had earlobe dermatitis? (Y) (N)

Have you ever had hand dermatitis? (Y) (N)

Has a doctor ever diagnosed you with urticaria? (Y) (N)

Have you ever had itchy nose or repeated sneezing crises? (do not consider normal cold) (Y) (N)

Has a doctor ever diagnosed you with allergic rhinitis? (Y) (N)

Have you ever suffered of repeated crises of ocular burning and/or pruritus, with increased lacrimation?
(Y) (N)

Has a doctor ever diagnosed you with allergic conjunctivitis? (Y) (N)

Have you ever suffered of breathlessness? (Y) (N)

Have you ever suffered of shortness of breath? (Y) (N)

Have you ever suffered of wheezing/whistles around your chest area? (Y) (N)

Has a doctor ever diagnosed you with bronchial asthma? (Y) (N)

Are you allergic to any metal? (Y) (N)

If so, which one? _____

Are you allergic to any drug? (Y) (N)

If so, which one? _____

Are you allergic to vaccines? (Y) (N)

If so, which one? _____

Are you allergic to any food/drink? (Y) (N)

If so, which one? _____

Are you allergic to insect bites? (Y) (N)

If so, which one? _____

Are you allergic to any fragrance/soap/cleanser/deodorant/disinfectant? (Y) (N)

Are you allergic to any cosmetic? (Y) (N)

Are you allergic to plasters? (Y) (N)

Do you suffer of any other type of allergy? (Y) (N)

If so, which one? _____

Date and Signature of the worker _____