

Student Allergy and Emergency Contact Form

1. Have you ever had a reaction (redness, swelling, swollen lips, itching skin, eruptions, excessive wheezing or nasal discharge, difficulty breathing) to latex products (balloons, dental dams, condoms, rubber gloves or rubber products)? No Yes (if Yes – circle reaction)
2. Have you ever had a reaction (swelling, swollen lips, itching, excessive wheezing or nasal discharge, difficulty breathing, etc.) to the following fruits: banana, avocado, kiwi, chestnuts, papaya, figs, peach, potato, apple, pineapple, passion fruit, nectarines, plums, cherries, melons, tomato, celery, grapes, apricot?
 No Yes (if Yes – circle reaction)

If you answered yes to both of the questions above, please follow up with your primary care doctor (or other duly qualified physician) for testing. If you did not answer yes to both questions, but come into contact with latex while at the hospital and have a reaction, you need to see physician.

3. Do you have a known latex allergy? No Yes Unknown
4. Do you have any other known allergies, including any life threatening allergies?
 No
 Yes — Please list them:

To the best of my knowledge, the information provided in this form is true and accurate.

Student Name: _____

Student Signature: _____ Date: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

DISCLAIMER: The questions contained in the document are not intended to diagnose health problems or to take the place of professional medical care. If you need medical advice or answers to personal health questions, you should consult a qualified health care provider. Hospital does not provide testing and assumes no responsibility or liability for your failure to get testing.