

COLUMBUS STATE COMMUNITY COLLEGE
LATEX REACTION FORM

Name: _____

Cougar ID or S.S.# _____

Program: _____

Date: _____

To Be Completed By the Student:

Do you have a reaction to latex? _____

When did you begin having reactions to latex? _____

How soon after exposure to latex do you experience a reaction? _____

What types of latex products stimulates a reaction? _____

Describe your symptoms. _____

How long before your symptoms go away? _____

How do you usually treat the reaction? _____

Have you had shortness of breath or swelling of your tongue or windpipe? If yes, describe the situation.

Since your original symptoms began, have your symptoms increased in severity or have your symptoms changed? If yes, describe the changes.

Have you had an allergic reaction during surgery or dental work, or during a pelvic or rectal exam?

List all food allergies you have. _____

Student Signature _____ **Date** _____

To Be Completed By the Physician, Nurse Practitioner, or Physician Assistant:

Please conduct any evaluation you deem necessary to determine the type of reaction and the prognosis for significance to this student's studies. While Columbus State and our clinical facilities provide latex-free and powder-free gloves and supplies, it is not possible to remove all potential forms of latex from the laboratory or clinical site.

What type of reaction does this student have to latex? _____

Is this student subject to medical emergency because of his/her latex reaction? _____

Does it appear safe for this student to partake in health profession courses under standard latex-reduction protocol? _____

Should this student wear a medic-alert bracelet? _____

Should this student carry self-injectable epinephrine for emergencies? _____

Other pertinent information? _____

Signature _____

Date _____

Print name _____

Phone _____

COLUMBUS STATE COMMUNITY COLLEGE
LATEX REACTION INFORMATION

**TO BE SIGNED BY THE STUDENT IF THE PHYSICIAN DETERMINES
THERE IS A LATEX REACTION:**

I acknowledge that I have latex sensitivity or allergy. I have received information and counseling from my physician or his/her colleagues about latex sensitivity and latex allergy, my need to avoid latex and its dust, and measures which I must take to avoid further exposure. I understand that I can obtain additional reliable information about latex reactions from www.sbaa.org. I understand it is my responsibility to select and use latex-free products consistently whenever feasible. I understand that I must inform all clinical instructors, employers, colleagues, and my own health care providers of my latex sensitivity or allergy. If there is a change in my reaction to latex, I must inform my clinical instructor or department chairperson, the Academic Health Records Office, and my physician as soon as possible. I understand that my academic department head or designee will be notified of my latex reaction such that the faculty can make appropriate accommodations in class, lab, or clinical situations.

If I have had a severe reaction I understand that I should:

- a. Have a medical evaluation.
- b. Wear a medic-alert bracelet if recommended by my healthcare provider.
- c. Carry an emergency medication such as Ana-kit or Epi-pen if recommended by my healthcare provider.

I understand that if signs and symptoms continue or worsen despite avoidance measures, I need to notify my instructor or department chairperson and that I may need to have an additional medical evaluation by my physician. If my latex reactions become severe or life-threatening, I may need to consider a change in my program of study or career for my own safety.

Signed: _____

Date: _____