





UnityPoint Health

**FINLEY OCCUPATIONAL HEALTH**

**ALLERGIES: PLEASE CIRCLE YES OR NO**

1	Do you have any known latex sensitivity?	YES	NO
2	Have you ever filled out the long Latex Sensitivity Questionnaire?	YES	NO
3	Do you have a history of allergic reactions after eating fruit?	YES	NO
4	Has a rash, swelling, shortness of breath, cough, wheezing, runny nose, sneezing, or itchy eyes ever developed while you were using household cleaning gloves, balloons, condoms, diaphragm, or other rubber containing products?	YES	NO
5	Has a doctor ever said you had an allergic reaction or problem of unknown cause during surgery or a hospitalization?		
IF YOU ANSWERED YES TO ANY OF THE QUESTIONS, PLEASE ALERT THE STAFF.		YES	NO

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(Rev. 03/19/15)