



Jazz Home, LLC

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LATEX ALLERGY PHYSICIAN RELEASE

I, _____, do not have any known latex allergies.

Irritant Contact Dermatitis

An external agent directly damages the skin, such as sweating and chafing due to prolonged glove use. Usually manifested as dry, crusty lesions where areas are exposed to latex.

Allergic Contact Dermatitis (type IV):

Produces skin lesions or a crusty thickened appearance of the skin. The reaction usually appears some time after exposure, so sensitized individuals may not always associate it with latex gloves. The rash may persist for 7-10 days, and is usually limited to the area where the skin came into contact with the latex. This allergy may also include contact pruritus, erythema, vesicular lesions, eczema and contact urticaria.

IgE-Medicated Hypersensitivity (type I):

Immediate reactions within 30 minutes to 1 hour from exposure may affect the skin, upper respiratory tract, lower respiratory tract or gastrointestinal tract. Skin manifestations include flushing, swelling and contact urticaria. Other manifestations are runny eyes and nose, symptoms of asthma, especially expiratory wheezing, diarrhea and/or vomiting.

Printed Name of Physician _____

Signature of Physician _____

Date of Examination _____

Date _____

Signature _____

Date _____

PHYSICIAN TO COMPLETE THIS SECTION. ALL ITEMS MUST BE ADDRESSED.

I, _____, hereby authorize Jazz Home, LLC to release any information relevant to my employment regarding my allergy.

Signature _____

Date _____

Please check one

1. Type of allergy (check one): Latex Powder

2. Exposure Limits (check one): Direct Contact Environmental

Accommodations: Describe in detail all special accommodations that are needed.

Limitations: _____

Physician's Statement I have examined the individual named above, and to the best of my knowledge, he/she is able to function in his/her profession as a healthcare professional, with the above listed accommodations and limitations.