



# WESTWAYS STAFFING SERVICES, INC.

## Latex Allergy Questionnaire

EMPLOYEE NAME: \_\_\_\_\_

\_\_\_\_\_ I do have a latex allergy.

\_\_\_\_\_ I do not have a latex allergy.

\_\_\_\_\_ I have sensitivity to powder and require powder free gloves.

My signature below indicates that the above information is correct and I give permission for this information to be shared with Westways Staffing Services' clients for the purpose of working at their client facilities.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date