



HUMAN RESOURCES

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Latex Allergy Questionnaire

Employee Name: _____

Affiliate Provider: Annexa Professional Staffing Date: _____

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 Annexa Professional Staffing clients for the purpose of working at client facilities.

Employee Signature

Date