



NON-PATIENT MRI SCREENING FORM

The MRI system has a very strong magnet field that may be hazardous to individuals entering the MRI environment or system room if they have certain metallic, electronic, magnetic or mechanical implants, devices or objects. Therefore all individual are required to fill out this form BEFORE entering the MRI environment or MRI system room. Be advised, the MRI system is ALWAYS on.

NAME: _____ Date: _____

Patient Name: _____ MRN: _____

1. Have you had prior surgery or an operation of any kind? Yes No

If yes, please explain. _____

2. Have you had an injury to the eye involving a metallic object (metallic slivers, foreign body, etc)? Yes No

If yes, please explain. _____

3. Have you ever been injured by a metallic object or foreign body (bullet, shrapnel)? Yes No

If yes, please explain. _____

4. Are you pregnant or suspect that you are pregnant? Yes No

WARNING: Certain implants, devices, or objects may be hazardous to you in the MRI environment or MRI system room. **DO NOT ENTER** the MRI environment or MRI system room if you have any question or concern regarding an implant, device or object.

Please indicate if you have any of the following:

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Aneurysm clips | <input type="checkbox"/> Yes <input type="checkbox"/> No | Magnetically activated implant or device |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cardiac Pacemaker | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any implanted device |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Implanted cardioverter defibrillator | <input type="checkbox"/> Yes <input type="checkbox"/> No | Artificial or prosthetic limb |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Electronic implant or device | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any history of working with metal/grinding |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cochlear implant | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other implant: _____ | | |

IMPORTANT INSTRUCTIONS: Remove all metallic objects before entering the MRI environment or MRI system room, including hearing aids, beepers, cell phones, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watches, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knives, nail clippers, steel toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MRI system room.

I have informed the technologist that I do not have any metallic, electronic, magnetic or other devices in my body. I have removed all metallic objects from my pockets and clothing. I have answered these questions to the best of my knowledge and understand the information presented to me. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. I have also informed the technologist that I am not pregnant at this time.

Non-Patient Signature: _____

Technologist Signature: _____