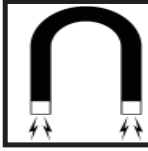


MAGNETIC RESONANCE (MR) SCREENING FOR EMPLOYEES



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

Date: ____ / ____ / ____ Name: ____ Last Name First M.I. Employee #: ____

I have reviewed the lists below, and for personal reasons I have elected not to document my responses. I understand that I am required to remain outside the MR environment AT ALL TIMES in order to maintain a safe environment for myself and those around me.

Signature of Person Completing Form: _____

1. Have you ever worked with metal (grinding, fabricating, etc.) or ever had an injury to the eye involving a metallic object (e.g., metallic slivers, shavings, foreign body)? Yes No

If yes, please describe: _____

2. Are you pregnant or experiencing a late menstrual period? Yes No



WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. **Do not enter** the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

<input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac pacemaker or Cardiac defibrillator	<input type="checkbox"/> Yes <input type="checkbox"/> No Any implant held in place with a magnet
<input type="checkbox"/> Yes <input type="checkbox"/> No Internal electrodes or pacing wires	<input type="checkbox"/> Yes <input type="checkbox"/> No IUD, Diaphragm or Pessary
<input type="checkbox"/> Yes <input type="checkbox"/> No Aneurysm clip(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Tattooed makeup (eyeliner, lips, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No Neurostimulator or Deep brain stimulator	<input type="checkbox"/> Yes <input type="checkbox"/> No Body piercing(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No Cochlear implant or other ear implant	<input type="checkbox"/> Yes <input type="checkbox"/> No Any metal fragments, bullets or shrapnel
<input type="checkbox"/> Yes <input type="checkbox"/> No Eye implant or Eyelid spring	<input type="checkbox"/> Yes <input type="checkbox"/> No Metal or wire mesh implants
<input type="checkbox"/> Yes <input type="checkbox"/> No Insulin pump or Drug infusion device	<input type="checkbox"/> Yes <input type="checkbox"/> No Wire sutures or surgical staples
<input type="checkbox"/> Yes <input type="checkbox"/> No Vascular access port or Swan-Ganz catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No Harrington rods (spina) / spinal fusion rods
<input type="checkbox"/> Yes <input type="checkbox"/> No Medication skin patch (Nitro/Pain)	<input type="checkbox"/> Yes <input type="checkbox"/> No Joint replacement
<input type="checkbox"/> Yes <input type="checkbox"/> No Bone growth / fusion stimulator	<input type="checkbox"/> Yes <input type="checkbox"/> No Bone / joint pin, screw, nail, wire, plate
<input type="checkbox"/> Yes <input type="checkbox"/> No Carotid artery vascular clamp	<input type="checkbox"/> Yes <input type="checkbox"/> No Hearing aid (Remove before MRI)
<input type="checkbox"/> Yes <input type="checkbox"/> No Artificial heart valve or Aortic clip	<input type="checkbox"/> Yes <input type="checkbox"/> No Dentures (Remove before MRI)
<input type="checkbox"/> Yes <input type="checkbox"/> No Intravascular stents, filters or coils	Other: please explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No IVC filter	
<input type="checkbox"/> Yes <input type="checkbox"/> No Shunt (spinal or intraventricular)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Tissues expander or breast implants	
<input type="checkbox"/> Yes <input type="checkbox"/> No Penile implant	

Before entering the MRI Scan Room, please remove all metallic objects including hair pins, barrettes, jewelry, watches, safety pins, paperclips, money clip, keys, coins, pens, credit cards, beepers, and cellular phones.

I attest that the above information is correct to the best of my knowledge. 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.

Signature of Person Completing Form: _____ Date/Time: _____

DO NOT WRITE BELOW THIS LINE... MRI STAFF ONLY.

<input type="checkbox"/> MR SAFE It is safe for this individual to enter and remain inside the MR environment	<input type="checkbox"/> MR UNSAFE It is NOT safe for this individual to enter and remain inside the MR environment
--	---

Reviewing MRI Technologist Name Signature Date Time

Reviewing Radiologist Signature Date Time

***AN ANSWER OF "YES" TO ANY QUESTION MUST BE DISCUSSED WITH A RADIOLOGIST.**