MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS*

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.

***NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Date ____/____/____ **Name** _____ **Weight** _____
month day year Last Name First Name Middle Initial

1. Do you have any surgical implants of any kind? (please list)_____ __ No __ Yes
   If yes, please indicate date and type of surgery: Dates_____
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? __ No __ Yes
   If yes, please describe: _____
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? __ No __ Yes
   If yes, please describe: _____
4. Are you pregnant or suspect that you are pregnant? __ No __ Yes

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.

Please indicate if you have any of the following:

__ Yes __ No Cardiac pacemaker
__ Yes __ No Aneurysm clip(s)
__ Yes __ No Implanted cardioverter defibrillator (ICD)
__ Yes __ No Electronic implant or device
__ Yes __ No Magnetically-activated implant or device
__ Yes __ No Neurostimulation system
__ Yes __ No Spinal cord stimulator
__ Yes __ No Cochlear implant or implanted hearing aid
__ Yes __ No Insulin or infusion pump
__ Yes __ No Implanted drug infusion device
__ Yes __ No Any type of prosthesis or implant
__ Yes __ No Artificial or prosthetic limb
__ Yes __ No Any metallic fragment or foreign body
__ Yes __ No Any external or internal metallic object
__ Yes __ No Hearing aid
__ Yes __ No Other implant_____
__ Yes __ No Other device_____

IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

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 ____/____/____
Signature

Form Information Reviewed By: _____ _____
Print name Signature

__ MRI Technologist __ Radiologist __ Other _____