

Upstate Medical Imaging Sciences Student Screening Form

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 _____ Age _____
month day year Last Name First Name Middle Initial

Address _____ Telephone (home) (____) ____-____

City _____ Telephone (work) (____) ____-____

State _____ Zip Code _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? No Yes
If yes, please indicate date and type of surgery: Date ____/____/____ Type of surgery _____
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 Aneurysm clip(s)
 Yes No Cardiac pacemaker
 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 _____