

ATTENTION: MRI APPLICANTS and SMI STUDENTS

The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer the following questions carefully. All information provided is kept confidential and is only requested for your safety.

- Yes No Have you ever had surgery? List dates & types:

- Yes No Have you had an endoscopy/colonoscopy within 2 months or placement of a GI video capsule?
Date (s): _____
- Yes No Have you ever had an eye injury with metal in the past?
- Yes No Have you ever had metal removed from your eye?
- Yes No Have you been told by an eye doctor that ALL metal has been removed from your eye?
- Yes No Are you pregnant or possibly pregnant?

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY:

- Yes No **Pacemaker** or defibrillator
- Yes No Brain/aneurysm clip or ICP bolt
- Yes No Ear implant
- Yes No Eye implant
- Yes No Intracranial shunt;
If yes, is it Programmable? Yes No
If yes, Circle type: Codman or Strata
- Yes No Bullets, BBs, or pellets
- Yes No Metal shrapnel or fragments
- Yes No Magnetic implant anywhere
- Yes No Infusion pump
- Yes No Coil, filter or **stent** in blood vessels
- Yes No Artificial limb or joint
- Yes No Tattoos or permanent eyeliner /cosmetics
- Yes No Implanted catheter or tube (except Foley, IV Cath or PIC line)
- Yes No Artificial heart valve
- Yes No Medication patch or Acticoat dressing
- Yes No Penile prosthesis
- Yes No Electrical stimulator for nerves or bone. (If bone stimulator, need AP & lateral x-rays.)
- Yes No False teeth, retainers, or magnetic braces
- Yes No Surgical clips, staples, wires, mesh, or sutures
- Yes No Orthopedic hardware (plates, screws, pins, rods, wires)
- Yes No Tissue expander
- Yes No Pessary Ring
- Yes No Implanted IUD



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Name: _____

D.O.B.: _____

DATE: _____

I attest that the answers I have provided to the questions on this form are 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. I understand that it is my responsibility to notify the MRI Educational Coordinator of any changes that would affect my safety in the magnetic field.

X

Signature: Student

Below needs to be completed by MRI Program Faculty

Signature: MRI Educational Coordinator

Date: _____

Signature: MRI staff member

Date: _____

There are many items that may become damaged or cause injury to others in a strong magnetic field. Please remove all items and place them in a secured locker before entering the MRI suite.