University of Cincinnati AMIT MRI Student MRI Screening Questionnaire

***Required to be completed by all AMIT MRI students***

Instructions for MRI student: Fill form out and make TWO copies. Return original, completed form to AMIT MRI Program Director. Give ONE copy to Clinical Site Supervisor upon entering MRI clinical site, and retain ONE copy for your student records.

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 _____________________________ Last Name First Name Middle Initial  Age ______

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 ______/_____/______

Form Information Reviewed By: ___________________________________________  Print name ___________________________________________

☐ MRI Technologist ☐ Radiologist ☐ Other ____________________________  Signature ___________________________________________