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, <u>all</u> 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.

NOTE: If you are a patient p	repaining to undergo air wii	t examination, you	are required to fill out	a amerent form.
Date / / month day year	NameLast Name	First Name	MiddleInitial	Age
Address	Telephone (home) ()			
City		Telephone (work) (
State	Zip Code		. , , ,	
Have you had prior surgery or an	operation (e.g., arthroscop)	endoscopy etc.) of	any kind?	 □ No □ Ye
If yes, please indicate date and t	/ Type of surgery			
Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)?If yes, please describe:			□No□Ye	
 Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? If yes, please describe: 			shrapnel, etc.)?	□ No □ Yes
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 t	he following:	A IMPO	RTANT INSTR	LICTIONS
☐ Yes ☐ No Aneurysm clip(s)		Zi IIVIFC	MIANI INSTI	CHONS
□ Yes □ No Cardiac pacemaker □ Yes □ No Implanted cardiove □ Yes □ No Magnetically-activa □ Yes □ No Neurostimulation s □ Yes □ No Spinal cord stimula □ Yes □ No Cochlear implant or □ Yes □ No Insulin or infusion p □ Yes □ No Any type of prosthe □ Yes □ No Artificial or prosthe □ Yes □ No Any metallic fragm □ Yes □ No Any external or inte □ Yes □ No Hearing aid □ Yes □ No Other implant □ Yes □ No Other device	rter defibrillator (ICD) or device ated implant or device ystem tor r implanted hearing aid pump usion device esis or implant atic limb eent or foreign body	environment or aids, beeper, cell barrettes, jewelr watch, safety pir cards, bank card pocket knife, nai tools. Loose metain the MR system	allic objects before end R system room incomphone, keys, eyeglas y (including body pies, paperclips, money ls, magnetic strip carl clipper, steel-toed ballic objects are espendom and MR enviole MRI Technologist estion or concern BE oom.	cluding hearing sees, hair pins, ercing jewelry), or clip, credit rds, coins, pens, coots/shoes, and cially prohibited ironment.
Lettest that the above information is	correct to the best of my les			an anatomic of this
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 For	m:Signature		Date_	
Form Information Reviewed By: Print name Signature				
☐ MRI Technologist	☐ Radiologist		Other	