

# MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS\*

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

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

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 ( <i>Remove before entering the MR system room</i> ) |
| Yes | No | Other implant  |



## 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 \_\_\_\_\_ e

Form Information Reviewed By: \_\_\_\_\_

**Signature**

**☐ MRI Technologist**

**Radiologist**

☐ Other