



A10 Magnetic Resonance (MR) Environment Screening Form

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.

First Name _____ MI _____

Last Name _____ Age _____

Date _____

Address _____ Phone(H) _____

City _____ Phone(W) _____

State _____ Zip Code _____

Mark Yes or No as appropriate

Have you had prior surgery or an operation (e.g. arthroscopy, endoscopy etc.) of any kind?

Yes No

Have you had an injury to the eye involving a metallic object (e.g metallic slivers, foreign body)?

Yes No

Have you ever been injured by a metallic object or foreign body (e.g BB, bullet, shrapnel etc.)?

Yes No

If yes, please describe

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.

Implant?		Device/Object
Yes	No	
		Aneurysm clip(s)
		Cardiac Pacemaker
		Implanted cardioverter defibrillator (ICD)
		Electronic implant or device
		Magnetically-activated implant or device
		Neurostimulation system
		Spinal cord stimulator
		Cochlear implant or implanted hearing aid
		Insulin or infusion pump
		Implanted drug infusion device
		Any type of prosthesis or implant
		Artificial or prosthetic limb
		Any metallic fragment or foreign body

Implant?		Device/Object
Yes	No	
		Any external or internal metallic object
		Hearing aid
		Other implant
		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, hairpins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paper slips, 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. If any of the information you provide on this screening form should change prior to or during enrollment in the ECC MRI program, you must notify the MRI Clinical Coordinator or Program Director immediately to be screened again to ensure you are able to enter in and work in the MR environment. In the event you fail to notify or report changes to this information, you release Elgin Community College and the faculty of all legal responsibility for any injury that occurs as a result. Initials:

Signature of Person Completing Form

Date

Form Information Reviewed By

Date

Mark one: MRI Technologist Radiologist Other_____