



**MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM**

The MRI system has a very strong magnetic field that may be hazardous to individuals entering the MRI environment or MRI 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 Zone 3 or Zone 4.

Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_

**ATTENTION:**

The following items are possible contraindications for MRI procedures. Please fully document and also notify the MRI technologist prior to the scan:

YES   NO

YES   NO

Cardiac Pacemaker

Implanted Cardiac Defibrillator

Aneurysm Clip

Cochlear Implant

Stent, Filter, and/or Coil

Penile Implant

**Please also indicate if you have any of the following:**

YES   NO

Surgery in the past year

Worked with metal or metal fragments in the eyes

Any metallic fragments, foreign bodies, shrapnel or bullets

Surgical clips, staples, metallic sutures, surgical pins, screws nails, Harrington rods, shunt etc.

Dentures, partial plate or magnetic dental implants

Heart valve prosthesis

Joint replacement

Wire mesh implant

Swan-Ganz catheter

Eye prosthesis

Artificial or prosthetic limb

Body piercings

YES NO

Tattoo

Hearing Aid

Electronic implant or device

Insulin or other drug infusion device

IUD, diaphragm, or Pessary (bladder sling)

Magnetically activated implant or device

Medication patch (Nicotine, Nitroglycerin, etc)

Possibility you could be pregnant

Acupressure beads

\_\_\_\_\_  
Subject Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Form Reviewed by

\_\_\_\_\_  
Date

Comments