



**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:

<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
		Cardiac Pacemaker	Implanted Cardiac Defibrillator
		Aneurysm Clip	Cochlear Implant
		Stent, Filter, and/or Coil	Penile Implant
		Insulin Pump / Drug infusion device	Brain Stimulator

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

- | <u>YES</u> | <u>NO</u>   |
|------------|---|
|            | 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

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