

Providence Hospital

Student MRI screening form

Rev. 7-20

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. 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.

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|--|-----|----|
| 1) Do you have a cardiac pacemaker? | Yes | No |
| 2) Do you have any aneurysm clips? (year, make & model) | Yes | No |
| 3) Do you have any intravascular stents, filters, or coils? | Yes | No |
| 4) Do you have any orthopedic implants or hardware? | Yes | No |
| 5) Do you have any hearing aids or cochlear implants? | Yes | No |
| 6) Do you have any metal in/on your body other than dental work? (body piercing, etc.) | Yes | No |
| 7) Have you had any shrapnel/ BB or gun shot wound? | Yes | No |
| 8) Have you had any metallic slivers in your eye? | Yes | No |
| 9) Are you pregnant? | Yes | No |
| 10) Have you had any surgery?
If yes, what kind & when? | Yes | No |
| 11) Do you have any permanent makeup or tattoos? | Yes | No |

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.

I declare that my answers to the above are all true to the best of my knowledge.

Signature

Date