

Magnetic Resonance Imaging (MRI) Safe Practices Information, Screening and Acknowledgement

The magnetic and radiofrequency fields utilized in MRI imaging can be hazardous. The system uses an extraordinarily strong magnetic field that may be hazardous to individuals entering the room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Remove all metallic objects before entering the MRI environment. These objects include hearing aids, pager, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including piercings), watch, safety pins, paperclips, bank/credit cards, any magnetic strip card, coins, pens, pocketknives, nail clipper, steel toe or shanked boots/shoes and tools. To ensure student and patient safety during educational rotations in the MRI environment, carefully complete the following screening and read the information section covering specific equipment restrictions. Any "yes" response needs to be evaluated and signed off by appropriate clinical personnel before the student is permitted to rotate in the modality. Students MUST notify the program and the appropriate MRI personnel of ANY change in their status before rotating in MRI.

1. Yes	NoHa	ve you ever had an injury to the eye invo	olving a me	etallic obj	ect or fragment (e.g., metallic slivers, shavings,			
	fore	eign body) or worked around metals? If y	es, please	describe				
2. 🔲 Yes 🔲 NoDo you have any implanted devices? E.g., morphine or insulin pump, other infusion pump, bone stimulator,								
tens unit, leads, penile implant, ear implants (cochlear or stapes), pacemaker or pacer wires, internal defibrillator								
) etc. If yes, please describe						
3. Tes NoIn the past 2 weeks have you had an endoscopy procedure, GI clips, video capsules or GI bleed? If yes, please								
describe								
WARNING: Certain implants, devices or objects may be hazardous to you and/or may interfere with the MRI equipment.								
		The MRI system ma	gnet is A	LWAYS	on.			
Dlagge in digate	if vou ba	we are of the following.						
Please illuicate	i i you iia	eve any of the following:						
□Yes	□No	Vascular or Aneurysm Clips	□Yes	П No	Radiation seeds or implants			
☐ Yes	☐ No	Gunshot wound or shrapnel injury	☐ Yes	□No	Wire mesh implant			
☐ Yes	□No	Surgery in the past 8 weeks	☐ Yes	□No	Tissue expander (e.g., breast)			
		Artificial limbs, metal implants,	Yes	☐ No	, , ,			
□ v	□ N-	. , , , ,	=	=	Heart valve prosthesis			
∐ Yes	☐ No	plates, prosthesis, or joint	∐ Yes	∐ No	Eyelid spring or wire			
☐ Yes	☐ No	Neurostimulation system	Yes	∐ No	Metallic stent, fiber or coil			
Yes	☐ No	Spinal cord stimulator	Yes	☐ No	Shunt (brain or spine)			
☐ Yes	☐ No	Internal electrodes or wires	Yes	☐ No	Pregnant, suspect pregnancy or breast feeding			
Yes	☐ No	Bone growth/bone fusion stimulator	Yes	☐ No	Body piercing jewelry			
Yes	☐ No	Vascular access port and/or catheter	Yes	_ ☐ No	Tattoo(s) or permanent makeup			
Yes	☐ No	Medication patch or metallic	☐ Yes	□No	Other items of concern			
☐Yes	П No	IIID dianhragm or nessary	_	_				

Please consult the MRI technologist if you have any questions or concerns BEFORE you enter the MRI system room.

There are special items marked MRI safe. Those items are allowed to come into the MRI rooms. This includes special carts, special IV poles, special beds, special wheelchairs, etc. do not let anyone bringing unmarked hospital equipment into an MRI room unless you are absolutely sure the equipment is safe in the room. Hospital employees must also be cleared to go into the rooms. They must check their pockets for scissors, pens, any kind of clips, any medical metal pieces, any items in their hair like bobby pins, etc. Masks used throughout the hospital contain a metal strip across the bridge of the nose. Those masks must either be replaced with an approved unit or have the metal strips removed. As a student, safety protocol is also your responsibility. Be conscious of all the safety rules and when in doubt, ask a tech.

I attest that the information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form.

Student signature:		Date:
	Printed name	
Clinical Facility Approval		Date:
	Printed Name & Title	

Date	Time	Comments