

# UNIVERSITY OF VIRGINIA-SCHOOL OF MEDICINE

## MRI SCREENING FOR STAFF

Before you will be allowed to enter the MRI suite it is necessary for you to answer the following questions.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Staff enter your employee 9 digit ID number: \_\_\_\_\_

1. Have you had prior surgery or an operation of any kind? No Yes  
If yes list date and surgery type: \_\_\_\_\_  
Type of surgery: \_\_\_\_\_
2. Have you ever been inside a MRI scanner or room? No Yes
3. Is there any chance you could be pregnant? No Yes
4. Have you had an injury to the eye involving a metallic object or fragment? No Yes  
(e.g., metallic slivers, shavings, foreign body, etc.)  
If yes, please describe: \_\_\_\_\_
5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? No Yes  
If yes, please describe: \_\_\_\_\_



### WARNINGS AND IMPORTANT INSTRUCTIONS

#### !!MAGNET IS ALWAYS ON!!

Certain implants and devices may be hazardous to you and/or may interfere with the MR procedure. **Do not enter**  
The MR system room if you have any questions regarding an implant, device, or object. **Before entering the MR**  
environment you must remove all metallic objects including hearing aids, dentures, partial plates, keys, pager, cell  
phone, hairpins, jewelry, body piercing jewelry, watch, safety pins, credit cards, (any card with a magnetic strip),  
pocket knife, nail clippers, and tools. **Consult the MR technologist BEFORE entering the MR system room!**

### Please indicate if you have any of the following:

Y	N	Aneurysm Clip?	Y	N	Electronic implant or device?
Y	N	Implanted pacemaker or defibrillator?	Y	N	Neuro-stimulation system?
Y	N	Magnetically activated implant or device?	Y	N	Internal electrodes or wires?
Y	N	Spinal cord stimulator?	Y	N	Cochlear, or other ear implant?
Y	N	Bone growth/fusion stimulator?	Y	N	Implanted drug infusion device?
Y	N	Internal insulin or infusion pump?	Y	N	Heart valve prosthesis?
Y	N	Any type of prosthesis?	Y	N	Artificial joint/hardware?
Y	N	Eyelid spring or wire?	Y	N	Shunt (spinal or intraventricular)?
Y	N	Metallic stent, filter, or coil?	Y	N	Surgical staples, clips or metallic sutures?
Y	N	Radiation seeds or implants?	Y	N	Wire mesh implant?
Y	N	Any metallic fragment or foreign body?	Y	N	Hearing Aid?
Y	N	Tissue expander?	Y	N	Artificial Limb or prosthesis?

*NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.*

I attest that the above 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. I also understand that it is my responsibility to notify the MRI staff of any changes in the information above.

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name Signature

MRI Technologist \_\_\_\_\_