### MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS*

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. Therefore, 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.

**NOTE:** If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td></td>
<td></td>
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</tbody>
</table>

**Address**

<table>
<thead>
<tr>
<th>City</th>
<th>Telephone (home) (<strong><strong>) (</strong></strong>) -______</th>
<th>Telephone (work) (<strong><strong>) (</strong></strong>) -______</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes
   If yes, please indicate date and type of surgery: Date __/__/____ Type of surgery ______

2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? ☐ No ☐ Yes
   If yes, please describe: ____________________________________________________________

3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ☐ No ☐ Yes
   If yes, please describe: ____________________________________________________________

4. Are you pregnant or suspect that you are pregnant? ☐ No ☐ Yes

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**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.

**IMPORTANT INSTRUCTIONS**

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

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

**Signature of Person Completing Form:** ____________________________________________

**Date:** __/__/____

**Form Information Reviewed By:** ____________________________________________

**Signature:** ____________________________________________

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☐ MRI Technologist ☐ Radiologist ☐ Other ____________________________