

# **MRI Safety Policy and Screening Form**

## **Radiologic Technology Program**



The MRI magnet is ALWAYS on. This means that no person is allowed to enter the MRI scan room without clearance and permission from a certified technologist. Metallic objects (such as fingernail clippers, pocket knives, keys, pens, etc.) can lead to serious bodily injury if brought within the magnetic field.

Projectiles are one of the biggest dangers associated with the MRI scanning environment and occur when the strong magnetic fields of the MRI magnet attract ferromagnetic (metal) objects which then become airborne. Metallic objects in and outside of the body can have dangerous effects when placed in a magnetic field. Some metal implants; including some metal fragments, may move inside the body causing internal injury.

All radiologic technology students must complete the MRI Screening Form prior to entering the clinical setting and participating/observing in MRI.

Please fill out this form and keep in the Student Clinical Evaluation Competency Manual.

# MRI Screening Form

## Radiologic Technology Program



**INDIANHILLS**  
COMMUNITY COLLEGE

*Life. Changing.*

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

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

### Do You Have or Have You Ever Had:

- No  Yes Aneurysm Clip(s)
- No  Yes Pacemaker, Defibrillator, or Loop Recorder
- No  Yes Pacemaker/Defibrillator Wires
- No  Yes Neurostimulator
- No  Yes Heart Valve
- No  Yes Insulin or Medication Pump
- No  Yes Stents, Filters, or Coils  
If yes, where in body? \_\_\_\_\_  
What year was it placed? \_\_\_\_\_
- No  Yes Medication Patches (Nicotine, Fentanyl, etc.)
- No  Yes Shunt (Spinal or Intraventricular)
- No  Yes Ear or Eye Implant
- No  Yes Bone Stimulator
- No  Yes Any Metal Fragments/Shrapnel
- No  Yes Had Metal Particles in Eyes  
If yes, have eye x-rays been done? \_\_\_\_\_
- No  Yes Dentures/Partials
- No  Yes Hearing Aids
- No  Yes Any Type of Prosthesis (Eye, Penile, etc.)
- No  Yes Surgical Staples or Clips
- No  Yes Joint Replacement (Knee, Hip, etc.)

- No  Yes Body Piercing(s)
- No  Yes Tattoo or Permanent Makeup
- No  Yes Claustrophobia
- No  Yes Catheter (Swan-Ganz, Foley, etc.)

### Female Patients Only:

- No  Yes Pregnant or Possibly Pregnant
- No  Yes Breastfeeding
- No  Yes IUD or Diaphragm

- No  Yes History of Cancer  
If yes, what kind? \_\_\_\_\_
- No  Yes Kidney or Liver Problems
- No  Yes Diabetes
- No  Yes Ever Been on Dialysis
- No  Yes Hypertension
- No  Yes Kidney/Liver Transplant
- No  Yes Asthma
- No  Yes X-ray, CT, or MRI Contrast Reaction/Allergy

**If you answered YES to any question, please provide additional information.**

---

---

---

---

---

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Technologist's Signature