

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure. If you have any question or concern regarding an implant, device, or object please contact Dr. Amy Lee at 269-965-3931.

Date ____/____/____ Student ID Number _____

Name _____

Address _____ Telephone (home) (____) ____ - _____

City _____ Telephone (work) (____) ____ - _____

State _____ Zip Code _____

Please answer the following MRI safety screening questions:

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?
 No Yes

If yes, please indicate the date and type of surgery(s):

2. Have you experienced any problem related to a previous MRI examination or MR procedure? No Yes

If yes, please describe: _____

3. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? No Yes

If yes, was an orbit x-ray completed? When and where?

4. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? No Yes

If yes, was a diagnostic imaging study or examination performed (MRI, CT, Ultrasound, X-ray, etc):

5. Are you currently taking taken any medication that requires patches?
 No Yes

If yes, please list: _____

6. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? No Yes

Please indicate if you have any of the following:

- No Yes No Aneurysm clip(s)
- No Yes Cardiac pacemaker
- No Yes Implanted cardioverter defibrillator (ICD)
- No Yes Electronic implant or device
- No Yes Magnetically-activated implant or device
- No Yes Neurostimulation system
- No Yes Spinal cord stimulator
- No Yes Internal electrodes or wires

- No Yes Bone growth/bone fusion stimulator
- No Yes Cochlear, otologic, or other ear implant
- No Yes Insulin or other infusion pump
- No Yes Implanted drug infusion device
- No Yes Any type of prosthesis (eye, penile, etc.)
- No Yes Heart valve prosthesis
- No Yes Eyelid spring or wire
- No Yes Artificial or prosthetic limb
- No Yes Metallic stent, filter, or coil
- No Yes Shunt (spinal or intraventricular)
- No Yes Vascular access port and/or catheter
- No Yes Radiation seeds or implants
- No Yes Swan-Ganz or thermodilution catheter
- No Yes Medication patch (Nicotine, Nitroglycerine)
- No Yes Any metallic fragment or foreign body
- No Yes Wire mesh implant
- No Yes Tissue expander (e.g., breast)
- No Yes Surgical staples, clips, or metallic sutures
- No Yes Joint replacement (hip, knee, etc.)
- No Yes Bone/joint pin, screw, nail, wire, plate, etc.
- No Yes IUD, diaphragm, or pessary
- No Yes Tattoo or permanent makeup
- No Yes Body piercing jewelry
- No Yes Hearing aid (Remove before entering MR system room)
- No Yes Other implant _____
- No Yes Breathing problem or motion disorder

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and will direct any questions regarding the information on this form to Amy Lee at 269-965-3931 ext 2081.

Signature of Person Completing Form: _____ **Date** ____/____/____

As the MiRIS MRI Program Director I have reviewed the student's screening form and the student :

_____ is cleared _____ is not cleared (See explanation)

Explanation: _____

Signature of Program Official _____ **Date** ____/____/____