



Confidential
Research Magnetic Resonance Imaging (MRI)
Medical Safety Screening Form
All persons MUST complete and submit this form prior to entry into MR suite or as directed.

Date (mm/dd/yyyy):

Name:

Daytime Phone:

Employee ID:

Department:

The MR system has a very strong magnetic field that is ON at all times. The following conditions may put you at risk in the MRI room.

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| <p>1. Prior Surgery or an Operation Involving Metal Objects Examples: aneurism (clips), Cardiac pacemaker, implanted cardioverter defibrillator (ICD), cardiac (heart) stent, any other vascular stent, etc.</p> <p>2. Other Implant Devices Examples: Cochlear implant or implanted hearing aid, drug-infusion pump (including Insulin infusion pump), any other electronic implant device. Other implants: Artificial or prosthetic limb, any type of pin, nail, wire or prosthesis, etc.</p> | <p>3. Neurostimulation System</p> <p>4. Spinal Cord Stimulator</p> <p>5. Any Injury to Eye that might have involved metallic slivers or foreign body.</p> <p>6. Other Bodily Injury by a metallic object or foreign body Examples: BB, bullet, shrapnel, etc.</p> <p>7. Transdermal Medication Patches</p> <p>8. Any metallic fragment or foreign body</p> <p>9. Any external or internal metallic object</p> <p>10. Pregnant or suspect that you are pregnant</p> |
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- I have reviewed the above conditions and I DO NOT have any of the above conditions that may put me at risk in the MR environment. *Give this form to MR Staff or fax at 206-543-3495.*
- There has been no change since my most recent MR Clearance issued by the Employee Health Center-UW (EHC-UW). *Give this form to MR Staff or fax at 206-543-3495.*
- I have one or more of the conditions above. *Contact EHC-UW at 206-685-1026 to discuss conditions and/or to schedule an appointment. You may enter the MRI facility only after EHC-UW provides MR Clearance via a fax notification to the MR staff.*

I affirm that I have had the opportunity to have my questions regarding the MRI risks addressed.

Entrant's signature:	Date:
MR staff person's name (printed):	Date: