University of Washington LogoEnvironmental Health and Safety

University of Washington

***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.*

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| --- | --- | --- |
| **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.

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.
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.
3. **Neurostimulation System**
4. **Spinal Cord Stimulator**
5. **Any Injury to Eye** that might have involved metallic slivers or foreign body.
6. **Other Bodily Injury** by a metallic object or foreign body Examples: BB, bullet, shrapnel, etc.
7. **Transdermal Medication Patches**
8. **Any metallic fragment** or foreign body
9. **Any external or internal** metallic object
10. **Pregnant** or suspect that you are pregnant

|  |  |  |
| --- | --- | --- |
|  | 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:** |