



**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/Student 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.

- |   |   |
|---|---|
| <p>1. <b>Prior surgery or an operation involving metal objects</b> Examples: aneurism (clips), Cardiac pacemaker, implanted cardioverter defibrillator (ICD), cardiac (heart) stent, any other vascular stent, etc.</p> <p>2. <b>Other Implant Devices</b> 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. <b>Neurostimulation system</b></p> <p>4. <b>Spinal cord stimulator</b></p> <p>5. <b>Any injury to eye</b> that might have involved metallic slivers or foreign body.</p> <p>6. <b>Other bodily injury</b> by a metallic object or foreign body Examples: BB, bullet, shrapnel, etc.</p> <p>7. <b>Any metallic fragment</b> or foreign body</p> <p>8. <b>Any external or internal</b> metallic object</p> <p>9. <b>Pregnant</b> 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.***

<b>Entrant's signature:</b>	<b>Date:</b>
<b>MR staff person's name (printed):</b>	<b>Date:</b>