

Magnetic Resonance Screening Form for Students

Magnetic resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves.

This magnetic field could potentially be hazardous to students entering the environment if they have specific metallic, electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations.

Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

Name: _____ Date: _____

		Circle Yes or No	
1. Have you had prior surgery or an operation of any kind?	Yes	No	
If yes to question 1, please indicate the date and type of surgery: Date: _____ Surgery Type: _____			
2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)?	Yes	No	
If yes to question 2, please describe: _____			
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?	Yes	No	
If yes to question 3, please describe: _____			
Please indicate if you have any of the following:			
Aneurysm clip(s)	Yes	No	
Cardiac pacemaker	Yes	No	
Implanted cardioverter defibrillator (ICD)	Yes	No	
Electronic implant or device	Yes	No	
Magnetically-activated implant or device	Yes	No	
Neurostimulator system	Yes	No	
Spinal cord stimulator	Yes	No	
Cochlear implant or implanted hearing aid	Yes	No	
Insulin or infusion pump	Yes	No	
Implanted drug infusion device	Yes	No	
Any type of prosthesis or implant	Yes	No	
Artificial or prosthetic limb	Yes	No	
Any metallic fragment or foreign body	Yes	No	
Any external or internal metallic object	Yes	No	
Hearing aid	Yes	No	
Other device: _____	Yes	No	

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. Should any of this information change, I will inform my program director.

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

The student has not identified any contraindications to entering MR Zone III or IV.

The student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting.

Form Information Reviewed By: _____
Print name Signature Title

This form is provided by the JRCERT as a resource for programs. Programs are encouraged to personalize the form prior to use.

Remember: The magnet is always on!