



MRI HAZARD CHECKLIST/SCREENING FOR ALL NON-MR STAFF ENTERING ZONES 3 and 4.

- 1) CN Staff visiting MRI
- 2) Parent/Guardian
- 3) Visitors to MRI

Please consult the MR staff if you have any questions or concerns **BEFORE** you enter **ZONE 3**.

I attest that the responses are correct to the best of my knowledge. I have read and understand the entire contents of this form, and I have had the opportunity to ask questions regarding the information on this form.

Certain metallic, electronic, magnetic, or mechanical implants, devices or objects may be hazardous to you in the MR environment. Do not enter the MR environment if you have questions or concerns regarding implants or any other device or medical equipment.

You must provide a **Yes** or **No** response for every item.

DEVICES:

- ☐Y ☐N Cardiac pacemaker
- ☐Y ☐N Defibrillator (ICD)
- ☐Y ☐N Neurostimulator
- ☐Y ☐N Programmable shunt
- ☐Y ☐N Insulin or Infusion pump
- ☐Y ☐N Hearing aids
- ☐Y ☐N Inner ear prosthesis, aids
- ☐Y ☐N Any other type of implant
- ☐Y ☐N Any other device:

Specify type: _____

SURGICAL:

- ☐Y ☐N Joint replacements/prosthesis
- ☐Y ☐N Aneurysm clip
- ☐Y ☐N Pacing Wires
- ☐Y ☐N Heart Valve

OTHER:

- ☐Y ☐N Pregnant
- ☐Y ☐N Shrapnel/eye sliver
- ☐Y ☐N Any other metals:

Specify type: _____

Loose metallic objects
are **PROHIBITED** in
MRI Zones 3 and 4.

The following items have been removed:

- ☐Y ☐NA Bobby pins/hairpins/barrettes
- ☐Y ☐NA Pens, watch
- ☐Y ☐NA Keys, firearm
- ☐Y ☐NA Wallet / money clip / coins / credit cards, bank cards
- ☐Y ☐NA Jewelry(necklace, earrings)
- ☐Y ☐NA Eyeglasses/eyeglass case
- ☐Y ☐NA Belt, clip on suspenders
- ☐Y ☐NA Stethoscope
- ☐Y ☐NA Pager
- ☐Y ☐NA Mobile/cell phone
- ☐Y ☐NA Scissors / Clamps
- ☐Y ☐NA Safety pins
- ☐Y ☐NA ID Badge (with metal clips)
- ☐Y ☐NA ASCOM Phone
- ☐Y ☐NA Any other magnetic item

Specify type: _____

Please print:

Parent or Guardian signature: _____ Date _____

CNStaff/Visitors signature _____ Date _____

MR Staff signature: _____ Date _____