

# MRI Safety Screening Form for Non-Patients

Patient name \_\_\_\_\_ Date \_\_\_\_\_

Accompanying Adult \_\_\_\_\_

Some of the following items may be hazardous to your safety.

Please check the correct answer for each of the following. Do you have any of the following:

- |                             |                              |  |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Cardiac Pacemaker                                      |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Implanted Cardiac Defibrillator                        |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Aneurysm Clip(s)                                       |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Neurostimulator  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Implanted Insulin or Drug Infusion Pump                |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Bone Growth/Fusion Stimulator                          |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Cochlear, Otologic, Ear Implant                        |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Heart Valve Prosthesis                                 |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Any types of artificial prosthesis (eye, penile, etc.) |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Electrodes (on body, head, etc.)                       |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Stent  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Shunt (spinal, renal, intraventricular)                |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Swan-Ganz Catheter                                     |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Any type of implant held in place by a magnet          |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Internal Pacing Wires                                  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Aortic Clip  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Hearing aid (remove before MRI exam)                   |

***Before entering the MRI suite, please remove all metallic objects including keys, hairpins, barrettes, jewelry, watches, safety pins, paperclips, money clips, credit cards, coins, pens, pocketknives, & any other loose objects you may be carrying.***

The undersigned certifies the he/she has read & fully understands this document, and further certifies that the answers provided above are correct.

Signature (Parent/Guardian)

Date

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Relationship to Patient