



# MRI 2nd Discipline

SCHOOL OF PROFESSIONAL AND CONTINUING EDUCATION

## MRI STUDENT MEDICAL HISTORY AND SCREENING

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

The following items may be potentially hazardous in the Magnetic Resonance environment. If you have any questions please contact the MRI Program Coordinator. Please indicate if you have any of the following:

### SECTION 1

- | Yes | No  |   |
|-----|-----|---|
| ___ | ___ | Cardiac Pacemaker / Automatic Defibrillator |
| ___ | ___ | Aneurysm Clip(s)                            |
| ___ | ___ | Implanted Insulin Pump                      |
| ___ | ___ | Implanted Drug Infusion Device              |
| ___ | ___ | Bone Growth or Biostimulator                |
| ___ | ___ | Neurostimulator                             |
| ___ | ___ | Epicardial Leads                            |
| ___ | ___ | Cochlear Implant                            |
| ___ | ___ | Intra-vascular Coils                        |
| ___ | ___ | Swan-Ganz Catheter                          |

### SECTION 2

- | Yes | No  |  |
|-----|-----|--|
| ___ | ___ | Hemostatic Vascular Clip(s)            |
| ___ | ___ | Any type of surgical clip or staple(s) |
| ___ | ___ | Heart Valve Prosthesis                 |
| ___ | ___ | Vena Cava Filter                       |
| ___ | ___ | Middle Ear Implant                     |
| ___ | ___ | Eye Prosthesis                         |
| ___ | ___ | Shrapnel or Bullet                     |
| ___ | ___ | Magnetically operated devices          |
| ___ | ___ | Wire Sutures                           |
| ___ | ___ | Stents                                 |

### SECTION 3

- | Yes | No  |   |
|-----|-----|---|
| ___ | ___ | Diaphragm or IUD  |
| ___ | ___ | Renal Shunt   |
| ___ | ___ | Intraventricular Shunt  |
| ___ | ___ | Wire Mesh   |
| ___ | ___ | Artificial Limb or Joint  |
| ___ | ___ | Any orthopedic item(s) (ie. pins, rods, screws, nails, clips, plates, wire, etc.) |
| ___ | ___ | Dentures or any type of removable dental item                                     |
| ___ | ___ | Hearing Aid   |
| ___ | ___ | Tattoos   |
| ___ | ___ | Body Piercings  |
| ___ | ___ | Transdermal Patches (i.e. nicotine, nitroglycerine, etc.)                         |

Have you ever had any surgical procedure or operation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type: \_\_\_\_\_ Year: \_\_\_\_\_

Type: \_\_\_\_\_ Year: \_\_\_\_\_

Type: \_\_\_\_\_ Year: \_\_\_\_\_

Have you **EVER** had any metal fragments in your eyes, or had an injury to your eyes with metal? \_\_\_\_\_ Yes \_\_\_\_\_ No

*I have answered the above questions to the best of my ability.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date