RADIOLOGIC TECHNOLOGY PROGRAM

MRI SAFETY POLICY

Magnetic Resonance Imaging (MRI) is a modality within the Radiology Department that utilizes a very strong magnetic field that can be harmful to an individual entering the MR room if they have certain metallic, electronic, magnetic, or mechanical objects in their body.

The students of our program can have access to the magnetic resonance area so they must complete a safety form before starting their clinical practice. If a student indicates they have aneurysm clips, stents, neuro transmitters, or any metallic object within their body, they will be appropriately counseled and must not enter the MRI suite.

Be advised, the MR system magnet is always on, ALWAYS.

Name: ________________________________ Date: ________________________

1. Have you had prior surgery or an operation of any kind?
   ___ No ___ Yes

   If yes, please indicate date and type of surgery:  Date _____________
   Type of surgery________________

2. Please indicate if you have any of the following:
   ___ Yes ___ No  Aneurysm clip(s)
   ___ Yes ___ No  Cardiac pacemaker
   ___ Yes ___ No  Electronic implant or device
   ___ Yes ___ No  Magnetically-activated implant or device
   ___ Yes ___ No  Neurostimulation 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 *(You have to remove before entering the MR room)*
___ Yes ___ No  Other implant____________________

**Remember:** Please remove all readily removable metallic personal belongings and devices including watches, jewelry, cell phones, credit cards, body piercings (if removable), metallic drug delivery patches, cosmetics containing metallic particles (such as eye make-up), and clothing items which may contain metallic fasteners, hooks, zippers, loose metallic components or metallic threads.

I have the opportunity to ask questions and they have been answered to my satisfaction. I attest that all the above information is true.

________________________                     ______________________________
Student Signature                          Clinical Supervisor Signature

Note: The original copy of this document will be placed in the student’s file.