



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.