## MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS\*



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

*NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.			
Date//Name	Last Name First Name	MI	
Person ID Number			
Work Email	Telephone (work) ()		
Employer UTSW Parkland Children			
Have you had prior surgery or an operation (e.g., arthr If yes, please indicate date and type of surgery: Date		No	Yes
Have you had an injury to the eye involving a metallic lif yes, please describe:		No	Yes
3. Have you ever been injured by a metallic object or fore		No	Yes
If yes, please describe:4. Are you pregnant or suspect that you are pregnant?		No	Yes
WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.  Please indicate if you have any of the following: Yes No Aneurysm clip(s) Yes No Cardiac pacemaker Yes No Implanted cardioverter defibrillator (ICD) Yes No Magnetically-activated implant or device Yes No Neurostimulation system Yes No Spinal cord stimulator Yes No Cochlear implant or implanted hearing aid Insulin or infusion pump Yes No Are you completing this form Yes No Any type of prosthesis or implant Yes No Any type of prosthesis or implant Yes No Any external or internal metallic object Yes No Hearing aid Yes No Other implant Yes No Other device Yes No Other implant Yes No Other device Yes No Other device Yes No Other device			
I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.			
Signature of Person Completing Form:  Signature	Date/_	/	
Office Use Only Form Information Reviewed By:			

Signature

Print name