



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.

Date ____/____/____ Name _____ Age _____
month day year Last Name First Name Middle Initial

BU ID # _____ DOB _____

Job Title: _____

Address _____ Telephone (home) (____) ____ - _____

City _____ Telephone (work) (____) ____ - _____

State _____ Zip Code _____

1. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? No Yes

If yes, please describe: _____

2. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? No Yes

If yes, please describe: _____



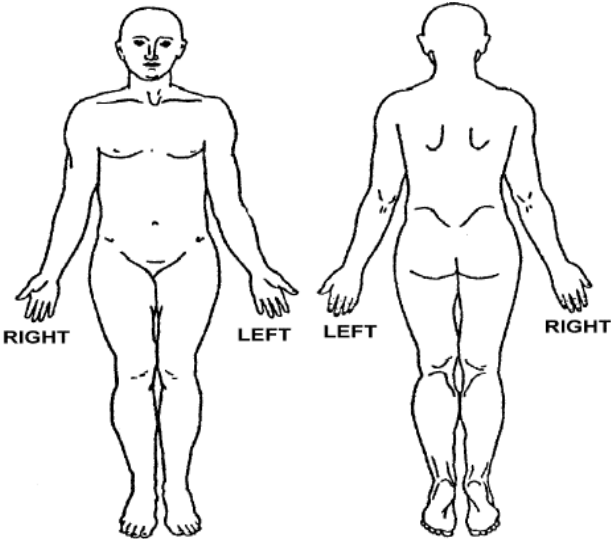
WARNING: Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI supervisor, Medical Physics, or ROHP BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

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 Electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neuro-stimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Insulin or other infusion pump
- Yes No Implanted drug infusion device
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil
- Yes No Shunt (spinal or intraventricular)
- Yes No Vascular access port and/or catheter
- Yes No Radiation seeds or implants
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch (Nicotine, Nitroglycerine)
- Yes No Any metallic fragment or foreign body
- Yes No Wire mesh implant

- Yes No Tissue expander (e.g., breast)
 Yes No Surgical staples, clips, or metallic sutures
 Yes No Joint replacement (hip, knee, etc.)
 Yes No IUD, diaphragm, or pessary
 Yes No Dentures or partial plates
 Yes No Tattoo or permanent makeup
 Yes No Body piercing jewelry
 Yes No Hearing aid
 (Remove before entering MR system room)
 Yes No Other implant _____
 Yes No Breathing problem or motion disorder
 Yes No Claustrophobia

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



 **IMPORTANT INSTRUCTIONS**

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, keys, beeper, cell phone, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, and tools.

Please consult the MRI supervisor, Medical Physics, or ROHP if you have any questions or concerns BEFORE you enter the MR system room.

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 if I have any questions I understand that I should consult ROHP at (617) 358-7647.

* This form does NOT replace the screening form for MRI patients.

Employee/Candidate Signature

Date

ROHP Health Care Provider Signature

Date