Research Occupational Health Program (ROHP)

MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR STAFF

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 _____

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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: _____

3. Are you pregnant or planning to become pregnant? The biological effects of strong magnetic fields on the developing fetus are unknown. No ❒ Yes ❒

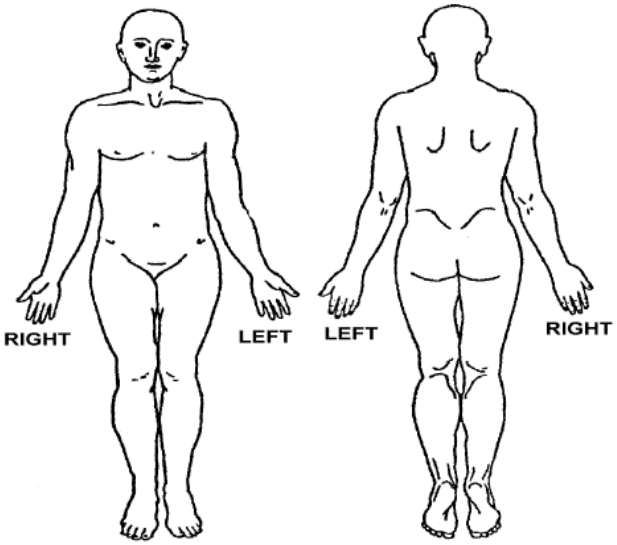
WARNING: **<u>Do not enter</u>** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI supervisor, Medical Physics, or ROHP BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

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 ❒ Hearing aid
(Remove before entering MR system room)
Yes ❒ No ❒ Other implant _____
Yes ❒ No ❒ Are there any other items or devices you believe may affect your working in a strong magnetic field?

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

Rev. 8/11/23