

## MRI Safe Practice Checklist

This checklist must be completed by all students once each academic year as it is a requirement for observing an MR procedure. This policy assures that students are appropriately screened for magnetic wave or radiofrequency hazards. Students must notify the program if there is a change in their status.

All MR personnel and students are to undergo an MR screening process to ensure their safety in the MR environment. The following items may be harmful to you may interfere with the MR examination. Carefully read each item on the checklist and indicate if you have or have had any of the following:

Any type of electronic, mechanical, or magnetic implant

No  Yes

If "yes" marked above, indicate type:

Cardiac pacemaker

No  Yes

Aneurysm clip

No  Yes

Implanted cardiac defibrillator

No  Yes

Neurostimulator

No  Yes

Biostimulator

No  Yes

If "yes" marked above, indicate type:

Any type of internal electrodes or wires

No  Yes

Cochlear implant

No  Yes

Hearing aid

No  Yes

Implanted drug pump (e.g., insulin, Baclofen, chemotherapy, pain medicine)

No  Yes

Halo vest

No  Yes

Spinal fixation device

No  Yes

Spinal fusion procedure

No  Yes

Any type of coil, filter, or stent

No  Yes

If "yes" marked above, indicate type:

Any type of metal object (e.g., shrapnel, bullet, BB)

No  Yes

Artificial heart valve

No  Yes

Any type of ear implant

No  Yes

Penile implant

No  Yes

Artificial eye

No  Yes

Eyelid spring

No  Yes

Any type of implant held in place by a magnet

No  Yes

If "yes" marked above, indicate type:

Any type of surgical clip or staple

No  Yes

Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, Picc line)

No  Yes

Medication patch (e.g., Nitroglycerine, nicotine)

No  Yes

Shunt

No Yes

Artificial limb or joint

No  Yes

If "yes" marked above, what and where?

Tissue Expander (e.g., breast)

No  Yes

Removable dentures, false teeth or partial plate

No  Yes

Diaphragm, IUD, Pessary

No  Yes

If "yes" marked above, indicate type:

Surgical mesh

No  Yes

If "yes" marked above, indicate location:

Body piercing

No  Yes

If "yes" marked above, indicate location:

Wig, hair implants

No  Yes

Tattoos or tattooed eyeliner

No  Yes

Radiation seeds (e.g., cancer treatment)

No  Yes

Any implanted items (e.g., pins, rods, screws, nails, plates, wires)

No  Yes

Any hair accessories (e.g., bobby pins, barrettes, clips) Please remove these items before and during procedure.

No  Yes

Jewelry (e.g., watch, earrings, necklace, bracelet, etc.) Please remove these items before and during procedure.

No  Yes

Any other type of implanted item

No  Yes

If "yes" marked above, indicate type:

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 in this form. Should any of this information change, I will inform the program director.

- No  Yes

**Student Signature:**

**Faculty Reviewed**

**Faculty to Select Only:**

- The Student has not identified any contraindications to entering MR Zone III or IV.
- The Student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting.
- N/A

**Faculty Signature:** Faculty may add signature and/or comments by attaching a post-submission comment. Go to Reports: Evals/Forms: Completed Evals. Select the evaluation template and click Apply. Click the pencil/paper edit icon to the right of the evaluation you wish to sign. When the report opens, scroll down and enter a comment in the text field at right of the signature item. Click Submit to finalize.

- Instructions

- Approved  Not Approved