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Magnetic Resonance Imaging Program – Screening Form

STUDENT NAME: (please print) _____

All patients, staff members, students, volunteers and other individuals who enter into a strong magnetic field must be screened in order to ensure their safety. Before being enrolled in the magnetic resonance imaging program, the Michener Institute for Applied Health Sciences screens all students to ensure their compatibility. Please fill out the following document as accurately as possible. If you have any questions, feel free to contact Elizabeth Whitmell, MRI Program Liaison Officer, at ewhitmell@michener.ca, or at 416 596 3101 ext 3381.

Do you have, or have you ever had in your lifetime:	Yes	No	Unsure
Exposure to metal dust	___	___	___
Metal fragments in the eyes	___	___	___
Cochlear Implants	___	___	___
Surgical Aneurysm Clips	___	___	___
Cardiac Pacemaker or pacer leads	___	___	___
Neuro or bio stimulator	___	___	___
Implanted infusion pump	___	___	___
Heart Valve Replacement	___	___	___
Shrapnel, bullets, or have been shot	___	___	___
Hearing aids	___	___	___
Cataract surgery with lens implant	___	___	___
False eye	___	___	___
Tattoo (anywhere, any size)	___	___	___

If you are pregnant during your clinical rotation, you must inform the Clinical Coordinator at your site.

If you have answered “Yes” to any of the above statements, please explain here. Any surgical implantation, or if you have any other implanted device, please state here the year of the surgery, make and model of implant, and what city/country you had the surgery performed.

By signing below, I acknowledge that I have read and truthfully completed this document on _____,

_____.

SIGNED, SEALED AND DELIVERED in the presence of:

 Witness

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