

York MRI Facility
Equipment Room (1009D) Safety Screening Form

Name _____

Employee # _____

Department _____

Do you have a Cardiac pacemaker or implantable cardioverter defibrillator (ICD)?

Yes No

Have you completed the MRI Safety Awareness Training?

Yes No

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MR equipment room or MR environment if you have any questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Researcher BEFORE entering the MR magnet room. **The MR system magnet is ALWAYS on.**

I attest that the above information is correct to the best of my knowledge. I have read and understood the contents of this form and have had the opportunity to ask questions regarding the information on this form.

I understand that should I require a pacemaker in the future, I must immediately inform the MRI Safety Officer or the Facility Director.

Signature _____

Date _____

DD / MM / YY

Reviewed By _____

Date _____

Signature

DD / MM / YY

Print Name