York MRI Facility – MRI Safety Screening Form

The MRI system has a powerful magnetic field that can pose serious risks to individuals with certain implanted medical devices. All individuals must complete this form before entering the MRI facility.

Name: _____ (First) _____ (Last) _____ (Subject Study ID)

Date of Birth: _____ (MM/DD/YYYY) Height: _____ Weight: _____

Please list any medication you are currently taking:		
Please list allergies: No known allergies		
Please list all previous surgical operations and procedures, including any implants used: No surgeries of any kind		
Have you had any surgical operation and/or procedure within the last six weeks?	Yes	No

Please indicate if you have any implants or other possible hazards that could affect the MRI scan:

Implanted Medical Devices	Yes	No	Possible Hazards	Yes	No
Cardiac pacemaker or pacing wires			Injury to the eyes from a metal object		
Implantable cardioverter defibrillator (ICD)			Injury by metallic object (bullet, shrapnel, etc.)		
Aneurysm clip(s)			Hearing aid(s)		
Intravascular coils, filters, stents			Dentures or dental braces		
Programmable VP shunts			Hair accessories (wig, extensions, pins, clips)		
Cochlear implants			Body piercings		
Orbital implants			Tattoos or permanent makeup		
Neurostimulators or biostimulators			Magnetic eyelashes		
Insulin pumps or drug infusion devices			Medication patch		
IUD			Continuous glucose monitoring		
Prosthesis (eye, limb, penile, etc.)			Electronic medical device (i.e. Pillcam)		
Breast tissue expander			Known or possible pregnancy		
Metal rods, pins, screws, joint replacement			Claustrophobic		

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

Signature of Person Completing Form: _____ (Signature) Date: _____ (MM/DD/YYYY)

Form Information Reviewed By: _____ (Signature) Date: _____ (MM/DD/YYYY)