York MRI Facility - Zone III Screening Form

***This form is for access to only the **Control and Mechanical Rooms** (Zone III)

Entry into the MRI Scanner Room (Zone 4) requires completion of the 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.

The magnet is **ALWAYS ON**

First Name: _____ Last Name: _____

	Yes	No
Have you had an injury to the eyes from a metal object?	☐	☐
Have you had an injury to the body by a metallic object? (bullet, shrapnel, etc.)	☐	☐
Please list all previous surgical operations and procedures, including any implants used:		
☐ No surgeries of any kind		
Please indicate if you have any of the following implants	**Yes**	**No**
Cardiac Pacemaker / Implantable Cardioverter Defibrillator (ICD)	☐	☐
Aneurysm Clip(s)	☐	☐
Intravascular Coils, Filters or Stents	☐	☐
Programmable VP Shunts	☐	☐
Cochlear Implants	☐	☐
Orbital Implants	☐	☐
Neurostimulators/Spinal Cord Stimulators/Bone Growth Stimulators	☐	☐
Insulin Pumps/Implanted Drug Infusion Devices	☐	☐
Continuous Glucose Monitors	☐	☐
Hearing Aids (Please remove before entering Zone III)	☐	☐

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: _____ Date: _____

Signature M/D/Y

Form Information Reviewed By: _____ Date: _____

Signature M/D/Y