

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

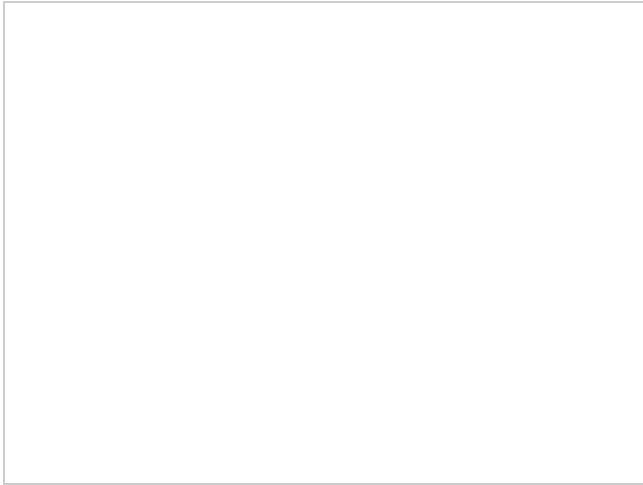
If "yes" marked above, indicate type:

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