

## **ChSCC Radiologic Technology**

### **Student MRI Screening Policy**

Magnetic Resonance Imaging (MRI) uses a strong magnet which can pose safety concerns for anyone entering restricted zones without proper screening. There are contraindications to entering the MRI environment. Students with pacemakers, defibrillators, aneurysm clips, cochlear implants, and neurostimulators will not be allowed in the MRI environment. Other surgically implanted devices will be evaluated on a case by case basis by a qualified MRI Technologist and / or ChSCC faculty to ensure student safety. Each student should be pre-screened for a possible history of injuries by any metallic foreign bodies, such as a bullet, shrapnel or other type of metallic fragments. Any student with an intraocular metallic foreign body has a particularly high risk for significant eye injury if exposed to the static magnetic field of an MRI system and must be screened prior to entrance in the MRI suite. Proper screening for individuals involves the use of a printed form for documentation, a review of the information on the form, and a verbal interview to verify the information on the form and to allow discussion of any question or concern that the individual may have before being permitted into the MR environment.



## MRI Screening Questionnaire for Students

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire is designed to assist us in determining if it is safe for you to enter the restricted zones during your magnetic resonance imaging rotation. It is important that you answer all of the following questions. If you don't understand any question, please ask for assistance.

- |  |     |    |            |
|--|-----|----|------------|
| 1. Do you have a pacemaker, wires, defibrillator or implanted heart valves?                      | Yes | No | Don't Know |
| 2. Have you ever had any head surgery requiring aneurysm clips?                                  | Yes | No | Don't Know |
| 3. Have you ever had any type of surgery?  | Yes | No | Don't Know |
| 4. Do you have any surgically implanted metal of any type in your body?                          | Yes | No | Don't Know |
| 5. Have you ever been exposed to metal fragments that could be lodged in your eyes or body?      | Yes | No | Don't Know |
| 6. Do you have a hearing aid, middle/inner ear prosthesis, dentures or bridges?                  | Yes | No | Don't Know |
| 7. Do you have any metal pin, joint, prosthesis or metallic object in, or attached to your body? | Yes | No | Don't Know |
| 8. Do you have any type of electronic device (stimulator or pump) implanted in your body?        | Yes | No | Don't Know |
| 9. Do you have or have you ever had tattoos, permanent eyeliner or lip liner, or body piercing?  | Yes | No | Don't Know |
| 10. Are you pregnant, or is it possible that you may be pregnant?                                | Yes | No | Don't Know |

I have read and I understand this safety questionnaire and I certify that all the information above is true and accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty/Technologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_