

## WSU CoNECT Visitor Screening Form



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

**\*NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month    day    year

Name \_\_\_\_\_  
Last Name                      First Name

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?  No  Yes
  
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)?  No  Yes  
 If yes, please describe: \_\_\_\_\_
  
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  No  Yes  
 If yes, please describe: \_\_\_\_\_
  
4. Are you pregnant or suspect that you are pregnant?  No  Yes



**WARNING:** Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

**Please indicate if you have any of the following:**

- Yes     No    Aneurysm clip(s)
- Yes     No    Cardiac pacemaker
- Yes     No    Implanted cardioverter defibrillator (ICD)
- Yes     No    Electronic implant or device
- Yes     No    Magnetically-activated implant or device
- Yes     No    Neurostimulation system
- Yes     No    Spinal cord stimulation system
- Yes     No    Cochlear implant or implanted hearing aid
- Yes     No    Insulin or infusion pump
- Yes     No    Implanted drug infusion device
- Yes     No    Any type of prosthesis or implant
- Yes     No    Artificial or prosthetic limb
- Yes     No    Any metallic fragment or foreign body
- Yes     No    Are you going into the MRI system room?
- Yes     No    Any external or internal metallic object
- Yes     No    Hearing aid  
(Remove before entering the MR system room)
- Yes     No    Other implant \_\_\_\_\_



### IMPORTANT INSTRUCTIONS

**Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.**

**Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.**

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 on this form.

Signature of Person Completing Form: \_\_\_\_\_  
Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Information Reviewed By: \_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

- MRI Operator     Level 2 MR Personnel     MRI Scientist     Other \_\_\_\_\_