WSU CoNNECT 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 _____/_____/_____

Name ____________________________________________________

month   day   year

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)?  
   If yes, please describe: ________________________________________________
   ☐ No ☐ Yes

3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  
   If yes, please describe: ________________________________________________
   ☐ No ☐ Yes

4. Are you pregnant or suspect that you are pregnant?  
   ☐ No ☐ Yes

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____________________

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.

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: ___________________________       Date _____/_____/_____

Form Information Reviewed By: _____________________________________   ______________________________________

Print name    Signature

MRI Operator   ☐ Level 2 MR Personnel   ☐ MRI Scientist   ☐ Other____________________

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