



MRI STUDENT MEDICAL HISTORY AND SCREENING

NAME: _____ PHONE #: _____ DATE OF BIRTH: _____
(mm/dd/yyyy)

The following items may be potentially hazardous in the Magnetic Resonance Imaging (MRI) environment. If you have any questions, please contact the MRI Program Chair. **Please indicate if you have ever had any of the following:**

SECTION 1

Yes	No	
___	___	Cardiac Pacemaker / Automatic Defibrillator
___	___	Cardiac Pacing Leads/Wires
___	___	Aneurysm Clip(s)
___	___	Implanted Insulin Pump
___	___	Glucose Monitoring Device
___	___	Implanted Drug Infusion Device
___	___	Bone Growth or Neurostimulator
___	___	Tissue expanders
___	___	Middle Ear Implants (cochlea, stapes)
___	___	Intra-vascular Coils
___	___	Swan-Ganz or Thermodilution Catheter

SECTION 2

Yes	No	
___	___	Hemostatic Vascular Clip(s)
___	___	Shunt (<i>renal, brain, heart, spine</i>)
___	___	Any type of surgical clip or staple(s)
___	___	Heart Valve Prosthesis
___	___	Vena Cava Filter
___	___	Penile prosthesis
___	___	Eye Prosthesis, eyelid spring or wire
___	___	Shrapnel or Bullet
___	___	Electronic/Magnetic implant or device
___	___	Surgical clips, Staples, Wire Sutures
___	___	Coils, Filters, or Stents

SECTION 3

Yes	No	
___	___	IUD, diaphragm , or pessary (If yes, please specify the type: _____)
___	___	Wire Mesh Wire Mesh implant
___	___	Artificial Limb or Joint
___	___	Any orthopedic item(s) (i.e., pins, rods, screws, nails, clips, plates, wire, etc.)
___	___	Dentures or any type of removable dental item
___	___	Hearing Aid
___	___	Tattoos or permanent makeup
___	___	Body Piercings
___	___	Medication Patches (i.e., nicotine, nitroglycerine, etc.)

Have you ever had any surgical procedures or operations? _____ Yes _____ No

Type: _____ Year: _____

Type: _____ Year: _____

Type: _____ Year: _____

Have you **EVER** had an injury to your eyes with metal or had any metal fragments in your eyes? _____ Yes _____ No

If **YES**, was the metal removed by a doctor? _____ Yes _____ No

I have answered the above questions to the best of my ability.

Signature of Student

Date

* Program Chair may contact you for further clarification.