

# MR-LINAC SCREENING FORM (NON-PATIENT)



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.

(Please Print)

\_\_\_\_\_

Last

\_\_\_\_\_

First

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

- Yes  No Cardiac pacemaker/defibrillator?  
 Yes  No Neurostimulator (Tens Unit)?  
 Yes  No Spinal cord stimulator?  
 Yes  No Other implanted electrodes, devices or pumps of any kind?  
 Yes  No Aneurysm clips or brain aneurysm surgery?  
 Yes  No Prior brain surgery?  
 Yes  No Prior vascular surgery?  
 Yes  No War injury or gunshot wound?  
 Yes  No Other known or possible metal fragments in eyes, head or body  
(e.g. welders, machinist, sheet metal workers)?  
 Yes  No Joint or limb replacement?  
 Yes  No Metal rod, pin screw or other orthopedic bone device?  
 Yes  No Middle ear implant, hearing aid?  
 Yes  No Orbit (eye) implant?  
 Yes  No IUD (birth control implant)?  
 Yes  No Piercings of any kind?  
please describe: \_\_\_\_\_  
 Yes  No Prosthetic heart valve?  
 Yes  No Are you carrying or wearing a wallet, jewelry, hair clips, cell phones, pens, or pager?



**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.

**The answers provided are accurate 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.**

**If any of my answers are "Yes" I agree to remain outside the immediate MR system room (i.e., Zone IV/Faraday Cage) of the MR-Linac vault.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**I have reviewed the answers provided prior to entry into the MR-Linac vault (*hospital use only*)**

FH/MCW Personnel Name: \_\_\_\_\_

FH/MCW Personnel Signature: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_