**Purpose:** The purpose of this policy is to inform the student on MRI Safety information.

**Policy:**

Magnetic Resonance Imaging (MRI) is a diagnostic tool that utilizes a powerful magnet and radio waves to generate images of the body. All students enrolled in the Radiography Program have the choice to observe in an MRI rotation.

The magnet used in MRI is always turned on and certain implanted devices are considered incompatible with this technology. Implanted devices like pacemakers, neurostimulators and some infusion pumps should not be exposed to the magnetic field. All students considering a career in medical imaging should be aware of the potential hazards of exposure to the MRI scanner and the need for careful metal screening. For safety reasons, all students will receive basic MRI safety training prior to entering clinical practicum. Additional information can be found at [www.mrisafety.com](http://www.mrisafety.com).

**MRI Metal Screening Form**

Students who choose to rotate through MRI must complete an MRI Screening Form prior to beginning their scheduled MRI clinical rotation. Students that choose to participate in an MRI rotation, may be asked by a clinical facility if they have a history of metal implants. Certain implanted devices are contraindicated and should not be exposed to the magnetic field. Examples of these devices include:

- Pacemakers
- Neuro stimulators/Biostimulators
- Implanted Infusion Pumps/Pain pumps
- Aneurysm Clips
- Certain Stents, Coils and Filters
- Metallic Foreign Bodies
- Intraorbital Metallic Foreign Bodies

**MRI Screening Policy**

1. Students who choose to rotate through MRI must complete an MRI Screening Form prior to beginning their scheduled MRI clinical rotation.
2. Students who answer “yes” to any of the questions on the MRI Screening Form may be required to undergo additional screening to ensure their safety.
3. Additional screening may consist of further questions, documentation of metal implants, or making sure metal in the eyes was removed.
Please check the circle next to each statement you agree with:

- I have read the MRI Safety Policy, understand the policy and have been given the opportunity to ask questions.

- I understand that the MRI rotation is not a required rotation of the program.

- I have been counseled by program faculty about the dangers associated with the magnetic field used in MRI and understand the importance of metal screening.

Student Printed Name: ________________________________
Student Signature: ________________________________
Date: ________________________________
Faculty Signature: ________________________________
MRI Student Screening Form

Student’s Printed Name: ___________________________ Date: ____________

MRI utilizes a powerful magnetic that is always turned “on”. For safety reasons, anyone who enters
the scan room must complete a metal screening history form. All students must complete a
screening form prior to a rotation in MRI or clinical practicum. MRI safety screening forms will be
kept on file with the program.

Do you have or have you ever had any of the following?

☐ Yes ☐ No  Cardiac Pacemaker
☐ Yes ☐ No  Heart Surgery/Heart Valve
☐ Yes ☐ No  Implanted Cardiac Defibrillator (ICD)
☐ Yes ☐ No  Brain Aneurysm Clips/ Brain Surgery
☐ Yes ☐ No  Shunts/Stents/Filters/Intravascular Coil
☐ Yes ☐ No  Eye Surgery/Implants/Spring/Wires/Retinal Tack
☐ Yes ☐ No  Injury to the Eye Involving Metal or Metal Shavings
☐ Yes ☐ No  Implanted Cardiac Defibrillator (ICD)
☐ Yes ☐ No  Brain Aneurysm Clips/ Brain Surgery
☐ Yes ☐ No  Shunts/Stents/Filters/Intravascular Coil
☐ Yes ☐ No  Eye Surgery/Implants/Spring/Wires/Retinal Tack
☐ Yes ☐ No  Injury to the Eye Involving Metal or Metal Shavings

☐ Yes ☐ No  Orthopedic Pins/Screws/Rods/Joints/Prosthesis
☐ Yes ☐ No  Neurostimulator/Biostimulator
☐ Yes ☐ No  History of Cancer or Tumors
☐ Yes ☐ No  Radiation Therapy/Chemo Therapy
☐ Yes ☐ No  Previous Back Surgery (Lumbar/Thoracic/Cervical)
☐ Yes ☐ No  Ear Surgery/Cochlear Implants/Hearing Aids/Stapes Prosthesis
☐ Yes ☐ No  Vascular Access Port/Catheter
☐ Yes ☐ No  Metal Mesh Implants/Wire Sutures/Wire Staples, Clips/Internal Electrodes
☐ Yes ☐ No  Electrical/Mechanical/Magnetic Implants?
☐ Yes ☐ No  Tattoo’s/Permanent Make-up/Body Piercing/Patches
☐ Yes ☐ No  Dentures/Partials/Dental Implants
☐ Yes ☐ No  Gunshot Wounds/Shrapnel/BB
☐ Yes ☐ No  Do you have pins in your Hair/Clothes/Hair Extensions/Hair Pieces/Wig

List Any Previous Surgeries: __________________________________________________________

If you answered yes to any of the questions above, please explain:

I attest that the above information is correct to the best of my knowledge. I have had the
opportunity to ask questions related to MRI safety and I understand the information presented
to me. I understand that I may be asked to complete an additional MRI screening form at my
assigned clinical agency.

Student Signature: ___________________________ Date: ____________
Instructor Signature: ___________________________ Date: ____________