Icahn School of Medicine at Mount Sinai *BioMedical Engineering and Imaging Institute*

BIOMEDICAL ENGINEERING & IMAGING INSTITUTE
MAGNETIC RESONANCE IMAGING (MRI)
NON-PATIENT/NON-SUBJECT SCREENING QUESTIONNAIRE

Please read through the questions below before responding. Positive answers may make you ineligible to enter an MRI scanner room. (There is no MRI safety risk simply from entering an MRI suite through Zone II, which includes the inpatient waiting area and nurses' station.)

You do not need to complete this questionnaire if it makes you uncomfortable, but in that instance your supervisor must find a suitable replacement to perform your responsibilities in the MRI scanner room.

A new questionnaire must be completed for each day in MRI, but the same form may apply for multiple visits within a day. Completed forms will be retained for a short period in a lockbox in MRI.

Each check box should be marked individually. Please do not simply draw a line down a column.

	YES	NO
Are you, or could you be, **pregnant**? (It is generally recognized that pregnant individuals may safely enter a scanner room while the MR is not scanning, but they should avoid being in the room during scanning if possible)	☐	☐
Do you have a **pacemaker**, **AICD** and/or internal **pacing wires**?	☐	☐
Do you have any implanted **metallic clips (aneurysm clips)** in your head?	☐	☐
Do you have an implanted **neural stimulator** (including **spinal stimulator** or **cochlear implant**) or **medication pump**?	☐	☐
Have any devices (e.g., **stents**) been placed in your blood vessels?	☐	☐
Do you have any implanted **tissue expander**?	☐	☐
Have you ever worked around a **metal lathe** or had a **shrapnel** (war or gunshot) injury?	☐	☐
Do you have a **prosthesis** or **other implant**?	☐	☐
Do you wear a **hearing aid(s),** either in the ear canal or on the surface?	☐	☐
Do you wear a transdermal **medication patch**?	☐	☐
Are you carrying a **cell phone** or **wallet**? **(These must be removed before entering scanner room)**	☐	☐
Are you carrying any other types of metal, including **scissors, scalpel, clamp**, **hemostat**, **intubation blade,** etc? **(These must be removed before entering scanner room)**	☐	☐

Any other type of metal in or on your body: _____

INDIVIDUAL ENTERING SCANNER ROOM

_____
PRINTED NAME

_____
SIGNATURE

_____
DICTATION CODE (IF APPLICABLE)

_____/_____/_____ _____:_____
DATE TIME

MRI TECHNOLOGIST REVIEWING FORM

_____
PRINTED NAME

_____
SIGNATURE

_____/_____/_____ _____:_____
DATE TIME