

() Yes() No

() Yes () No

() Yes () No

Shunt (spinal or intraventricular)

Vascular access port and/or catheter

Any implant held in place by a magnet

MAGNETIC RESONANCE IMAGING (MRI) **SCREENING FORM FOR** BROWARD HEALTH HEALTHCARE WORKERS

0 IV

if they	have certain metallic, elec	trong magnetic field that may be tronic, magnetic, or mechanical in FORE entering MRI Zone III or I	mplants, devices, or objects. Th	erefore, all individuals are			
Date:	//	Name:					
	Mo. Day Year	Name:(Last Name)	(First Name)	(Middle Initial)			
Employee Number:		Date of Birth:	Department:				
		s, devices, or objects may be haza stion or concern regarding an imp		or Zone IV. <u>Do not enter</u> MRI			
Please ind	icate if you have any of	the following:					
() Yes	() No Have you had an in describe:	jury to the eye involving a metallic	object (e.g., metallic slivers, fore	ign body)? If yes, please			
() Yes (n injured by a metallic object or fore	eign body (e.g., BB, bullet, shrap	nel, etc.)? If yes, please			
() Yes (r suspect that you are?					
	Warning: If v	ou are pregnant or become pregr	eant vou cannot enter MRI 701	nes III and IV			
	An	y changes in pregnancy status mu	ist he reported immediately to	Employee Health Services.			
() Yes (y enumges in pregname, status in	ist be reported immediately to	Employee Treater get (rees.			
() Yes (
() Yes (Implanted cardioverter defibrillator (ICD)					
() Yes (Electronic Implant or device					
() Yes (Magnetically-activated implant or device					
() Yes (Neurostimulator or Biostimulator					
() Yes (,	Spinal cord stimulator					
() Yes (Cochlear implant or other ear implant					
() Yes (Insulin or infusion pump					
() Yes (Implanted drug infusion device					
() Yes (
() Yes (7 71 1 1					
() Yes (Artificial or prosthetic limb/joint					
() Yes (Any metallic fragment or foreign body					
() Yes (•	Any external or internal metallic object					
() Yes (•	Hearing aid (non-removable)					
() Yes (Other implant					
() Yes (Other device					
() Yes (Carotid artery vascular clamp					
() Yes (Bone growth/fusion stimulator					
() Yes (· ·						
() Yes (Artificial heart valve					
() Yes (
() Yes (
() Yes (, , , , , , , , , , , , , , , , , , , ,					

() Yes () No () Yes () No	Medication Skin Patch (Nitro) IUD, Diaphragm or Pessary Tatooed makeup (eyeliner, lips, etc. Body piercing(s) Any metal fragments Internal electrodes or pacing wires Aortic clip Metal or wire mesh implants Wire sutures or surgical staples Harrington rods (spine)/spinal fusior Tissue expander (e.g. breast) Joint replacement Bone/joint pin, screw, nail, wire, pla Hearing aid Warning: You must remove hexplain:	n rods te earing aids before entering the	MRI zones.			
IMPORTANT INSTRUCTIONS Remove all metallic objects before entering MRI Zone III or Zone IV 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, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in MRI Zone III or IV. Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter MRI Zone III or IV.						
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 I have had the opportunity to ask questions regarding the information on this form.						
I will imme	ediately report any changes to	the information provided	herein to Employee Health Services.			
Signature of P	erson Completing Form:					
Print Name/Si	gnature	(Print Name)	Date			
Form Informa	tion Reviewed By:					
Employee Hea	alth Services Signature		Date			

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