



**Mount
Sinai**

TMII
Translational and Molecular Imaging Institute

**TRANSLATIONAL & MOLECULAR 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)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a pacemaker, AICD and/or internal pacing wires ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any implanted metallic clips (aneurysm clips) in your head?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an implanted neural stimulator (including spinal stimulator or cochlear implant) or medication pump ?	<input type="checkbox"/>	<input type="checkbox"/>
Have any devices (e.g., stents) been placed in your blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any implanted tissue expander ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked around a metal lathe or had a shrapnel (war or gunshot) injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a prosthesis or other implant ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear a hearing aid(s) , either in the ear canal or on the surface?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear a transdermal medication patch ?	<input type="checkbox"/>	<input type="checkbox"/>
Are you carrying a cell phone or wallet ? (These <u>must</u> be removed before entering scanner room)	<input type="checkbox"/>	<input type="checkbox"/>
Are you carrying any other types of metal, including scissors, scalpel, clamp, hemostat, intubation blade , etc? (These <u>must</u> be removed before entering scanner room)	<input type="checkbox"/>	<input type="checkbox"/>

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