

Magnetic Resonance Research Center

Safety Screening Form for Faculty, Staff, and Students

Name:

Date:

Prior surgery:

Type:

Date:

Type:

Date:

Please indicate if you have any of the following:

Yes	No	
		Possibility of pregnancy
		Aneurysm clip(s)
		Embolization coil(s)
		Intravascular filter(s), stent(s)
		Cardiac pacemaker, internal pacing wires
		Implantable cardioverter-defibrillator
		Electronic or magnetically activated implant or device
		Hearing aid(s) or other ear implant
		Implanted drug device (e.g., insulin or infusion pump)
		Any prosthesis or implant
		Artificial limb(s), artificial joint replacement
		Any metallic foreign body (e.g., BBs, bullets, shrapnel)
		History of metal work
		History of having metal removed from your eye(s)
		Dentures, braces
		Any other implant(s)
		Body art, permanent makeup, tattoos, jewelry, piercings

Other Notes:

I am aware that I need to notify my supervisor immediately of any changes in my medical history that may make it unsafe for me to work at the MRRC. I watched the MRRC safety training video and took the quiz. I will follow the direction of MRRC staff and am committed to safe use of MRRC equipment/facilities.

Signature

Date

Reviewed By

Date

BELOW THIS LINE FILLED OUT BY MRRC ONLY

Action taken upon notification of change in medical status:

Return to Work Approved By

Date