

## SITE STAFF – MRI SAFETY QUESTIONNAIRE

This questionnaire is designed to identify metallic items in the body that may be susceptible to magnetic fields.

**FULL NAME**..... **D.O.B:**.....

Please circle **YES** or **NO** for the following questions:

- |  |     |    |
|--|-----|----|
| 1. Do you have a cardiac pacemaker or implanted defibrillator? | YES | NO |
| 2. Have you EVER had any other surgery to your heart or head?  | YES | NO |
| 3. Have you EVER had any metal fragments in your eyes or body? | YES | NO |
| 4. Do you have any programmable pumps or shunts?               | YES | NO |
| 5. Do you have a cochlear implant?                             | YES | NO |
| 6. Are you or could you be pregnant?                           | YES | NO |
| 7. Do you have any diabetic monitors or medicine patches?      | YES | NO |

Under **NO** circumstances should the following kinds of equipment be taken into the scan room:

- Oxygen Cylinders
- Leads/Collars
- Mobile phones
- Scissors
- Stethoscopes
- Coins
- Keys



**REMEMBER: THE  
MAGNET IS ALWAYS ON!**

Please see the oxygen cylinder picture on the left (from another company).

**PLEASE NOTE:** This safety questionnaire must be countersigned by a Burgess Diagnostics Radiographer before you are allowed to enter the scan room.

### DECLARATION

By signing below you acknowledge that you have answered the questions above and are aware of the potential hazards resulting from metallic objects taken into the scan room. You should also make Burgess Diagnostics aware of any changes to the answers given as soon as possible.

Site Staff Signature:

Date: DD/MM/YYYY

BD Radiographer Signature:

Date: DD/MM/YYYY