Vance Granville Community College --- Student MRI Screening Form

A student must complete this form before rotating through MRI

MRI Screening Form

1. Do you have a cardiac pacemaker or cardiac defi	brillator?	No
2. Do you have an aneurysm clip? Aneurysm rep	pair?	
3. Do you have an artificial cardiac heart valve?		
4. Do you have any mechanical devices, pumps, ste (neurostimulators, cochlear, etc.)? If yes, please list all currently implanted devices an		
5. Have you ever had a surgical procedure or operatifyes, please list all prior surgeries and approximat	•	_ _ _
6. Have you ever had an eye injury involving metal grinding/welding? (e.g., metallic slivers, shavings,f If yes, please describe:	· ·	_
7. Have you ever been injured by a metallic foreign shrapnel, etc.)? If yes, please describe:	body (e.g., bullet, BB,	
8. Are you pregnant or do you suspect that you are	pregnant?	
I, the undersigned student, have answered the above que for my personal safety and the safety of my patients. I k must remove all hearing aids, jewelry, credit cards, eyeg The Magnetic Field is ALWAYS ON Additional Notes:	now prior to entering the MRI a	rea, I
Print Student Name Print Staff N	lame Date	_
Student Signature Date Staff Signat	ture – reviewed form and witnessed Student Si	_ gnature