

Clinical Policy 9.2 MRI Safety

During the second year of clinical practice, students may choose specialty areas for additional clinical rotations and must complete the “Day in a Life” assignments in advanced modalities and other disciplines.

It is the responsibility of the program’s clinical instructor to provide appropriate occupational and patient safety training for any student who may enter Zone III of a MRI department.

Because of the possibilities for any student to render aid in and around an MRI department, all students will be required to complete the MRI Screening Protocol Checklist and MRI safety class prior to entering the clinical phase of the program. The checklist will be completed annually and reviewed by a Level II MRI technologist. The student is responsible for informing the program faculty if there is any change to this document during the school year. Completion and approval of this checklist will ensure that no contraindications exist which would put the student at risk while in the magnetic environment. Affiliated clinical sites may require the student to complete their sites’ safety screening and/or checklist.

Revised 5/15, 5/20, 6/22, 06/23, 06/24, 06/26

Magnetic Resonance Screening Form for Students

Magnetic resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves. This magnetic field could potentially be hazardous to students entering the environment if they have specific metallic, electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations.

Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

Student Name (Print): _____ **Date:** _____

1. Have you had an injury to the eye involving a metallic object? ☐ Yes ☐ No

If yes, describe: _____

2. Have you ever been injured by a metallic object (BB, bullet, shrapnel, etc.)? ☐ Yes ☐ No

If yes, describe: _____

Please indicate if you have any of the following (circle Yes or No):

Aneurysm clip(s)	Yes	No
Cardiac pacemaker	Yes	No
Implanted cardioverter defibrillator (ICD)	Yes	No
Electronic implant or device	Yes	No
Magnetically-activated implant or device	Yes	No
Neurostimulator system	Yes	No
Spinal cord stimulator	Yes	No
Cochlear implant	Yes	No
Insulin or infusion pump	Yes	No
Implanted drug infusion device	Yes	No
Any type of prosthesis or implant	Yes	No
Artificial or prosthetic limb	Yes	No
Any metallic fragment or foreign body	Yes	No
Any external or internal metallic object	Yes	No
Hearing aid	Yes	No
Other device: _____	Yes	No

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 have had the opportunity to ask questions regarding the information on this form. Should any of this information change, I will inform program faculty immediately. By signing below, I also allow a Level II MR technologist to review this form.

Student Signature: _____ **Date:** ____/____/____

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To be completed by program officials:

- ☐ The student has not identified any contraindications to entering MR Zone III or IV.
- ☐ The student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting.

Form Information Reviewed By:

Clinical Coordinator Signature

Date

Level II MR Tech Signature

Date