

MRI SAFETY QUESTIONNAIRE
 - STAFF 'PERMIT TO WORK'



MRI uses a strong magnetic field and radiofrequency energy to create pictures of the inside of the body. Some implants and objects may be hazardous to you and / or others. Please answer the following questions carefully. A MRI operator will go through the form with you, so you will have the opportunity to ask about anything you are unsure of.

YOU MAY ONLY ENTER THE SCAN ROOM UNDER THE DIRECT SUPERVISION OF A MRI OPERATOR.

YOU MAY ONLY TAKE EQUIPMENT LABELLED AS MRI SAFE / CONDITIONALLY SAFE INTO THE SCAN ROOM UNDER THE DIRECT SUPERVISION OF A MRI OPERATOR.

The form is on two sides.

First Name:	Last Name:
What do prefer to be called (if different to above):	
Department / Company:	

Have you previously worked within / are you familiar with the MRI environment?	Yes / No
Have you had any operations in the last two months? - If yes, what was the operation?	Yes / No
Have you ever had any operations to your head? - Do you have an aneurysm clip? - Do you have a programmable hydrocephalus shunt?	Yes / No Yes / No Yes / No
Have you ever had any operations to your eyes? - Do you have a false eye? Retinal tacks? Other eye implant?	Yes / No Yes / No
Have you ever had any operations to your ears? - Do you have a cochlear implant? Auditory brainstem implant? Other ear implant?	Yes / No Yes / No
Have you ever had any operations to your heart? - Do you have a pacemaker? - Do you have, of have ever had, pacing wires? - Do you have a loop recorder or other cardiac implant?	Yes / No Yes / No Yes / No Yes / No
Do you have anything else implanted in you that you can't completely remove e.g. pain infusion pumps, neuro-stimulators, joint replacements, heart valves, stents, vascular filter, spinal rods or metalwork, tissue expanders, gastric bands etc?	Yes / No
Have you ever swallowed anything that contains metal or electronic / magnetic components, such as a 'PillCam' or other foreign object?	Yes / No
Have you ever had an accident or injury where a piece of metal has gone into your eyes?	Yes / No
Have you ever had an accident or injury where a piece of metal has gone into your body e.g. shrapnel / bullets?	Yes / No
Is there any possibility that you may be pregnant?	Yes / No

I understand that I must remove all metallic and electronic items before going into the magnet room. This includes watches, jewellery, dentures, wallets, coins, keys, bank cards, mobile phones, hair grips, hair pieces with metallic mesh / fastenings, pen-knives etc.	Yes / No
I understand that I may only enter the magnet room under the supervision of a MRI radiographer.	Yes / No
I understand that I may only take equipment labelled as MR safe or conditionally safe into the magnet room under the direct supervision of a MRI radiographer.	Yes / No
I understand that equipment labelled MR conditionally safe means that there will be restrictions about its use, typically about where it can be placed in the magnet room.	Yes / No
I have read the 'safety information sheet for staff visiting the MRI department'	Yes / No

I CONFIRM THAT I HAVE READ AND COMPLETED THIS FORM AND THAT IT IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND I AM WILLING TO ENTER THE SCAN ROOM.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE MRI RADIOGRAPHER(S) OF ANY PROCEDURES / INCIDENTS I SUBSEQUENTLY UNDERGO (INCLUDING PREGNANCY STATUS FOR FEMALE STAFF) THAT CHANGE ANY OF MY ANSWERS TO THE QUESTIONS ABOVE BEFORE RE-ENTERING THE SCAN ROOM ON ANOTHER OCCASION.

Staff signature:	Date:
Print name:	Role:

Department use only.	
I have explained to the staff member that they are now responsible for informing us of any changes that might affect their MRI safety (e.g. operations, accidents, pregnancy).	
I have explained to the staff member the hazards associated with the MRI environment, I have explained the 'safety information sheet for staff visiting the MRI department' and have shown how portable equipment is labelled.	
I have explained about the purpose of the 'MRI safety checked' lanyards	
Signature of MRI authorised undertaking safety check:	Date: