

# MRI Program Applicant Pre-commencement Safety Form

The **MAGNET** is **ALWAYS ON**, therefore it is critical we ensure ALL applicants are safe to be working in the magnetic field PRIOR to acceptance.

APPLICANT INFORMATION Complete all fields	
Last Name:	First Name:
Student #:	Phone Number:

PLEASE CIRCLE YOUR RESPONSE Complete all fields
Have you had prior surgery(s)/ operation(s) of any kind that has left a metallic implant/device in your body? No Yes If yes, please indicate type of surgery and what was implanted: _____
Have you had an injury to the eye involving a metallic object or fragment (metallic slivers, shavings, foreign body, etc.)? No Yes If yes, please describe: _____ Have you had it removed? No Yes If no, can it be removed prior to commencement of program? No Yes
Have you ever been injured by a metallic object or foreign body (BB, bullet, shrapnel, etc.)? No Yes If yes, please describe: _____ Have you had it removed? No Yes If no, can it be removed prior to commencement of program? No Yes

IMPLANT AND DEVICE CHECKLIST - You MUST Circle Your Response to EACH:		
No	Yes	Aneurysm clip(s)
No	Yes	Cardiac pacemaker
No	Yes	Implanted cardioverter defibrillator (ICD)
No	Yes	Electronic implant or device
No	Yes	Neurostimulation system
No	Yes	Cochlear, otologic, or other ear implant
No	Yes	Eye/Retinal Tack(s)
No	Yes	Insulin or other infusion pump
No	Yes	Implanted drug infusion device
No	Yes	Artificial or prosthetic limb
No	Yes	Metallic stent, filter, or coil
No	Yes	Vascular access port and/or catheter
No	Yes	Any metallic fragment or foreign body
No	Yes	Joint replacement (hip, knee, screws, wires, plates etc.)
No	Yes	Hearing aid
No	Yes	Other implant if yes, what _____

EXTRA CONSIDERATIONS		Complete all fields	
Medication patch (Nicotine, Nitroglycerine)	No	Yes	
Can it be taken off?	No	Yes	
*No further investigation is required if patch can be taken off while working in the presence of magnetic field.			
Tattoo or permanent makeup	No	Yes	
*Tattoos are not really a problem, however iron oxide tattoos can heat up if directly in main magnetic field, precautionary measures may need to be taken if IN the magnet itself.			
*Staff from Red River College will contact the applicant directly should there be any further information required.			

APPLICANT'S SIGNATURE		Complete all fields	
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			
Applicant's Signature_____		Date:_____	

Submit this completed form to:

Allied Health Sciences Department  
Magnetic Resonance Imaging Program  
K. Scribner, Program Coordinator  
Room A227C – 2055 Notre Dame Avenue  
Winnipeg, MB R3H 0J9,  
Email: kscribner@rrc.ca  
P: 204-632-2961  
F: 204-694-4151

