MRI Accompanying Persons Screening Form
PQMS3-MBI-FRM-C002-V1

For those accompanying subjects into the scan room

Surname: .................................................................  Given names .................................................................

Position: .................................................................  Date: ……/……/……

To ensure your safety please read the following carefully and answer all the questions

Have you had any of the following?
1. A brain aneurysm clipped? ................................................................. YES / NO
2. A pacemaker inserted? ................................................................. YES / NO
3. Any heart operations? ................................................................. YES / NO
4. Any metallic or electronic implants? ...................................................... YES / NO
5. Do you think you could be pregnant? ...................................................... YES / NO
6. Have you had any metal injury to the eyes? .............................................. YES / NO
   If you have had an eye injury, did a doctor remove it and tell you it was all out? ................................................................. Yes / No / Not applicable
7. Any ear operations? ................................................................. YES / NO
8. Any shrapnel, gunshot injuries? ............................................................. YES / NO
   If so, please list ................................................................................
   .................................................................................................
   .................................................................................................
   .................................................................................................
   .................................................................................................

Please remove: watches, mobile phones, pagers, wallets, credit cards, and loose metallic objects (e.g. forceps and scissors)

Jewellery, dentures, and clothing with metal clips and buttons are alright to wear into the scan room

If you have any questions please ask the technologist

DO NOT TAKE ANYTHING INTO THE SCAN ROOM WITHOUT ASKING THE TECHNOLOGIST

Signed……………………………………Print name……………………………..Date……/……/……

Checked and signed
(Radiology Staff)…………………………………Print name……………………………..Date……/……/……