MRI Safety Screening Questionnaire
(for Accompanying Persons)

For your own SAFETY all questions must be answered before entering the MRI

Last Name: ..... Given Name/s: .....

This questionnaire is designed to assist us in determining if it is safe for you to enter the MRI room. It is very important that you answer all of the following questions. If you don't understand any question, please ask for assistance.

Please tick either YES or NO.

	YES	NO
1. Do you have a pacemaker, wires, defibrillator or implanted heart valve?	☐	☐
2. Do you have an artificial heart valve or cardiac loop recorder or monitoring device?	☐	☐
3. Do you have blood vessel stents?	☐	☐
4. Do you have aneurysm clips, plates or shunts in your head?	☐	☐
5. Have you ever had metal fragments in your eye (now or ever)?	☐	☐
6. Do you have any shrapnel, bullets or foreign bodies?	☐	☐
7. Do you have any magnetic dentures or prosthetic devices?	☐	☐
8. Do you have an intrauterine contraceptive device (IUD)?	☐	☐
9. Do you have a magnetically activated implant or device?	☐	☐
10. Have you any surgically implanted metal of any type in your body?	☐	☐
11. Have you swallowed a PillCam Capsule Endoscopy Device?	☐	☐
12. Have you ever been a machinist, metalworker or welder?	☐	☐
13. Do you have cochlear or stapes implant (hearing aid or implants/prosthesis in the ear)? .	☐	☐
14. Are any electronic devices (stimulator or pump) or wires implanted in your body?	☐	☐
15. Do you have any acupuncture devices (e.g. around the ear)?	☐	☐

If you answered YES to any of the above questions it is unsafe for you to enter the MRI room.

16. Do you have bone screws, nails or pins in or on a bone?	☐	☐
17. Do you have any artificial limbs or joints?	☐	☐
18. Do you have any sort of metal body piercing or tattoos?	☐	☐
19. Are you wearing any magnetic eye lashes/ magnetically activated cosmetics?	☐	☐
20. Are you or could you be pregnant?	☐	☐

If any previous surgery, please list: .....

Have you had an MRI before? YES ☐ NO ☐

Please tick the following to indicate that you agree:

I certify that I have read and understood the questions asked in this questionnaire and that the above responses are correct to the best of my knowledge. I understand that it is my responsibility to inform the radiographer of any metal fragments and/or devices that may be in my body and that by failing to do so may cause serious bodily injury or be life threatening.

Signature: ..... Date: ……/……/……