These questions are designed to assist in determining if it is safe for you to be scheduled for a Magnetic Resonance Imaging clinical rotation while attending Hinds Community College Radiologic Technology program. It is important for you to answer all of the following questions. If you do not understand any question, please ask for assistance.

| Medical Imaging Implants/Devices Please Indicate if you have the following: | Yes | No | N/A |
|--|-----|----|-----|
| Neurostimulator | | | |
| Spinal Cord Stimulator | | | |
| Bone growth stimulator | | | |
| An artificial or prosthetic limb | | | |
| A shunt (spinal or intra-ventricular) | | | |
| IV Access Port (e.g. Broviac, Port-a-Cath, Hickman, PICC line) | | | |
| Any type of wire mesh implant | | | |
| Spinal Fusion procedure | | | |
| Cochlear implant with prothesis | | | |
| Hearing aid | | | |
| An artificial eye | | | |
| Pacemaker, wires, defibrillator or implanted heart valves | | | |
| Aneurysm clips | | | |
| Dentures | | | |
| Metal pin, plate, joint, screw/nails or metallic object in or attached to you body (including bullets or shrapnel) | | | |
| Radiation seeds or implants | | | |
| LINX magnetic esophageal band | | | |
| Any other type of implant (i.e. penile) | | | |
| Tissue expanders | | | |
| Insulin pump | | | |
| General MRI Safety Questions Please indicate if you have the following: | | | |
| Are you currently wearing a wig/hair extensions or hair implants? | | | |
| Are you currently wearing Bobby Pins or Hair Accessories (barrettes, clips, etc)? | | | |
| Are you currently wearing non-prescription, color-tinted contact lenses? | | | |
| Are you currently wearing a Halo vest? | | | |
| Do you have or have you had tattoos (before 2000), tattooed eyeliner, lipliner, or body piercing? | | | |
| Do you wear a transdermal patch (i.e. nitroglycerin, nicotine, pain, birth control, etc)? | | | |
| Do you have an IUD, diaphragm, or pessary? | | | |
| Do you have any type of surgically implanted metal (i.e. surgical staples) of any type in your body? | | | |
| Do you work with metal or have you been exposed to metal fragments that could be in your eyes or body? | | | |
| Do you have any type of electronic or magnetically-activated device (i.e. stimulator or pump) in your body? | | | |
| Do you have a metallic stent, filter, or coil? | | | |