



Cox College
Magnetic Resonance Imaging
Credentialing Pathway

MRI Student Screening Form

Student Name (Print): \_\_\_\_\_

The MRI magnet is always on. Due to the magnetic field it is our responsibility to determine each applicant's safety and ability to work within the MRI department. Please answer the following questions by checking Yes or No. Marking yes to any question does not necessarily exclude an applicant from admission to the MRI program. Please inform us if you need help answering any of the questions.

Please answer all of the following questions.

Do you have or ever had:

- 1. Cardiac pacemaker/pacer wires
2. Implanted Defibrillator
3. Cardiac Valve
4. Cardiac or Renal Stent

If yes please provide the date of the stent placement: \_\_\_\_\_

- 5. Brain surgery
6. Aneurysm Clips
7. Neurostimulator
8. Biostimulator
9. Implantable Pump
10. Shunt (spinal or brain)
11. Artificial Limb/Joint
12. Any type of prosthesis (eye, ear, penile, etc)
13. Aortic Clip
14. Vena Cava Filter
15. Metal Shrapnel or slivers
16. Harrington Rods

Please answer all of the following questions.

- 1. Have you ever done welding/machinist work?
2. Do you wear a hearing aid(s)?

The above information is accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only
Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_