

EMPLOYEE MRI SCREENING FORM

Please complete the form below. It is needed to ensure your safety in Zone 4 of the MRI suite, however does not give you automatic access to scanners. This screen is good for one year however, must be updated prior to the end of the year should there be a change in the employee's medical history. It is the employee's responsibility to inform MRI personnel of any changes that may impact their safety.

First Name _____
Last Name _____
MI _____
EMP ID# _____
Home Unit/Dept _____
Prox # _____

University of Wisconsin Hospital and Clinics
600 Highland Avenue · Madison, WI 53792
MRI Nursing office E1/317 Ph: 262-5276

(located on back of badge-----bottom row of numbers-----first 6 numbers)

Please check appropriate category that applies to you:

- _____ Radiology Faculty
- _____ Radiology Fellow
- _____ Resident
- _____ Research – UW SMPH
- _____ UW Health – UWHC (employees)
- _____ Anesthesiology

MRI Personnel Only

Level 1 staff entering MR suite

Level 2 independent in zone 3/4
(CBT completed)

MRI Safe Sticker Provided

Pregnant MRI Technologists and healthcare workers may perform MR procedures, enter the MRI suite and attend to the patient regardless of the employee's trimester. Technologists and healthcare workers should not remain within the MRI suite during actual operation of the MRI scanner.

Have you had surgery?

Heart Surgery	Yes	No
Head/Brain Surgery	Yes	No
Eye Surgery	Yes	No
Ear Surgery	Yes	No
Back Surgery	Yes	No
Colon/Endoscopy: last 8 weeks	Yes	No
Other Surgery/Procedure:		

Do you have metal in your body?

Gun Shot, BB's Shrapnel	Yes	No
Metal from an Accident	Yes	No
Metal from Surgery	Yes	No
Body Piercing	Yes	No

Do you have any of these in your body?

Pacemaker	Yes	No
Breast/Penile Implant	Yes	No
Tissue Expanders	Yes	No
Pumps or Shunts	Yes	No
Neurostimulator	Yes	No
IVC filters	Yes	No
Stents	Yes	No
IUD	Yes	No
Brain Aneurysm Clips	Yes	No
Coils	Yes	No
VP Shunts	Yes	No
Other:		

Employee signature: _____ **Date:** ____/____/____

Form Reviewed by: _____ **Date:** ____/____/____

Please return completed form to Ruth Haima, rhaima@uwhealth.org