

## PCC MRI Safety Questionnaire:

Due to work environments that have high magnetic field strengths – it is not safe for operators to have certain medical conditions or implanted devices within their bodies. Complete the following safety questionnaire and include with your application documents.

### Do you have or are you?

- Yes No Pregnant**
- Yes No Require hearing aids to communicate clearly**
- Yes No Cardiac Pacemaker**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Implanted Cardiac Defibrillator**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Implanted Neurostimulator / Electrodes / Wires**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Any type of Magnetically-Activated Implants or devices**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Any type of implanted pumps – (insulin or chemo?)**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Brain Aneurysm Clip**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Ear Implant (cochlear, other)**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Eye Implant (lens, retinal tacks?)**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Eyelid Spring or Wire**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Metallic foreign body in the eye**  
If yes, describe type and location? \_\_\_\_\_
- Yes No Any history of metal in the eye that was removed**  
If yes, describe date and method of removal? \_\_\_\_\_
- Yes No Aortic Aneurysm Repair**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Spinal Cord Stimulator**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Implanted coils, filters or stents**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Heart Valve Replacement or anuloplasty ring**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Penile prosthesis**  
If yes, do you have an implant card? \_\_\_\_\_
- Yes No Bullets, pellets, metal fragments or shrapnel in your body**  
If yes, describe type and location? \_\_\_\_\_
- Yes No Breast tissue expander**  
If yes, describe type and expected removal date? \_\_\_\_\_
- Yes No Any prior surgeries with surgical staples, clips, wires or rods**  
If yes, describe type and location? \_\_\_\_\_

I hereby affirm that all information supplied on this questionnaire is accurate and complete. I understand that some “yes” answers may make it unsafe for me to work in the field of MRI and prohibit me from entering the PCC MRI Technologist Training Program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date