UT Health San Antonio
Master of Science in Imaging Sciences

Confidential Student MRI Safety Questionnaire MR Safety Training

Name: _____
Date: _____

2. Yes ☐ No☐ Have you ever had any surgery on your heart/ heart valve, pacemaker, or stents?
3. Yes ☐ No☐ Have you ever had an injury to your eyes involving metal or metal shavings?
4. Yes☐ No☐ Do you have any prosthetic limbs?
5. Yes ☐ No☐ Have you ever had surgery on your ears? Do you wear a hearing aid?
6. Yes ☐ No☐ Have you ever had surgery on your eyes?
7. Yes ☐ No☐ Have you ever been shot with a gun, BB's, or shrapnel?
8. Yes ☐ No☐ Do you have any mechanical, electrical or magnetic implants in your body? (Neurostimulators, Pacemakers, Defibrillators)
9. Yes ☐ No☐ Do you have a filter for blood clots (Umbrella, Greenfield, bird's nest)?

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