



All persons who enter a MRI scanning room must be screened for their own safety. The British Columbia Institute of Technology requires all prospective students to fill out this MRI safety questionnaire before being enrolled in the MRI Certificate Program. Please complete this form and scan and email it to the Program Assistant, Victoria Banham at victoria\_banham@bcit.ca or fax it to her at 604.432.1816.

If you have any questions regarding this questionnaire please contact the program head at 604.432.8231 or the program assistant at 604.432.8727.

DO YOU HAVE ANY OF THE FOLLOWING?

IF YES EXPLAIN

Table with 3 columns: Question, Yes/No checkboxes, and Explanation space. Rows include: Cardiac Pacemaker / Defibrillator, Aneurysm Clip, Do you have breast tissue expanders?, Neurostimulator or other biostimulator, Internal electrode wires (pacing wires), Insulin pump or other drug infusion pump, Intravascular coil, filter, or stent, Hearing aid, or an ear implant (Cochlear Implant), Wire mesh, Heart valve prosthesis (replacement), Intraventricular (brain) shunt, Surgical clips, staples, or wires, Artificial limb, rods, screws, or pins, Eye (orbital) prosthesis, or implant, Ever had metallic fragments in the eye, Injured by bullet, BB, shot, or shrapnel, Are you pregnant? (If you become pregnant during your clinical rotation inform your clinical coordinator.)

I have read and understood the questionnaire and have answered correctly to the best of my knowledge.

Signature Date Witness

Print Name Student Number