



# BCIT MRI Safety Screening Form

**Admissions**  
BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY  
3700 WILLINGDON AVE  
BURNABY, BC, CANADA V5G 3H2

## PRE-ENTRY ASSESSMENT BACHELOR OF HEALTH SCIENCE – Magnetic Resonance Imaging Option ADVANCED CERTIFICATE – Magnetic Resonance Imaging

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 accepted to the MRI Advanced Certificate Program and/or Health Science (MRI Option) Degree program.

This document must be included along with your on-line application to the above programs. Instructions for completing the form are on page 2. If you have any questions regarding this questionnaire please contact the Program Head at 604.432.8756 or the Program Assistant at 604.432.8727.

### DO YOU HAVE ANY OF THE FOLLOWING?

### IF YES EXPLAIN

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Number

Completed by:	Date:
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**Please complete page 1 of this form, scan and save it as a PDF document and upload it via your myBCIT account along with your online application to the program.** Completion of this form does not constitute acceptance into the program. Academic entrance requirements will be assessed and confirmed by the Admissions Department upon application to the program.