

**BROOKHAVEN NATIONAL LABORATORY
Occupational Medicine Clinic (OMC)**

**Medical Questionnaire for non-BSA Workers/Students who may enter
STATIC MAGNETIC FIELDS**

NAME: _____ Extension _____ BNL Badge #: _____ BNL Supervisor _____

STATUS (check one): Guest Scientist Student Contractor Employee Other _____ (describe)

INSTRUCTIONS TO BSA SUPERVISOR or PRECEPTOR: Please print this form and give it to the (non-BSA employee) worker or student for completion. This individual should not give you the completed form, but should instead mail or fax it to OMC.

INSTRUCTIONS TO WORKER or STUDENT: The purpose of this questionnaire is to provide the OMC physician at BNL with information about any medical devices or conditions you may have that might affect your ability to safely enter a strong magnetic field, in order to determine whether you can be medically cleared to enter such a field.

Please check or fill in all of the applicable items regarding your health. You may use the space at the bottom of this form to write in details. Then sign the form and MAIL TO OMC BLDG 490 or FAX to OMC at x7366. The form will be kept confidential. An OMC physician may call you for additional information, if needed.

Have you had any surgery other than dental surgery? Yes No (If yes, date and type of surgery) _____

Have you had a diagnostic MRI in the past year? Y/N If yes, date _____ Reason _____

Have you served as an experimental subject at a BNL MRI in the past year? Y/N

Have you ever entered the MRI ring as a worker (non-subject)? Y/N If yes, approximate date(s) (month/year) _____

Have you experienced the following: dizziness/vertigo, metallic taste, nausea or flashing lights (visuals), when exposed to static magnetic fields? Y/N

If yes, explain _____

Please check any that may apply to you:

Cardiac Pacemaker/Defibrillator

Insulin Pump

Surgical clips (aneurysm, brain, cardiac, vascular, other)

Neurostimulators (Tens Unit)

Joint replacement, joint prosthesis, or fractured bones treated with metal rods, metal plates, pins, screws nails or plates

Body Piercings/Tattoos

Spinal fusion performed using metal rods, metal plates, pins, screws or other metallic instrumentation

Shrapnel injury

Surgery involving insertion of a metal mesh

Work grinding metal slivers or fragments

Eye surgery or metal chips in the eye

Shunts

Cochlear implantation surgery

Heart Valve

Hearing aid

Other ferromagnetic implants or other internal devices (explain below)

IUD (Intrauterine Device)

Diagnostic medical MRI studies in the past

Any cancers diagnosed? _____

Any adverse reproductive outcomes (self/partner) spontaneous abortions/stillbirths or birth defects? Y/N _____

Details of above checked items: _____

Signature of worker/student: _____ Date: _____

PLEASE MAIL THE COMPLETED FORM TO OMC BLDG 490 or FAX to OMC at x7366

Review by OMC Physician: Signature _____ DATE: _____