

The magnet is always on, therefore it is critical we ensure all applicants are cleared to work in the magnetic field prior to acceptance.

| Applicant information | | Complete all fields |
|-----------------------|---------------|---------------------|
| Last name: | First name: | |
| Student number: | Phone number: | |

| Metallic implants, objects and/or injuries | Complete all fields |
|---|---------------------|
| Have you had prior surgeries or operations of any kind that have left a metallic implant/device in your body? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate the type of surgery and what was implanted: _____ | |
| Have you had an injury to the eye involving a metallic object or fragment (metallic slivers, shavings, foreign body, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe: _____ Have you had it removed? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, can it be removed prior to commencement of program? _____ | |
| Have you ever been injured by a metallic object or foreign body (BB, bullet, shrapnel, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe: _____ Have you had it removed? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, can it be removed prior to commencement of program? _____ | |

| Implant and device checklist – you must check your response to each | | | Complete all fields |
|---|--|--|--|
| Aneurysm clip(s) | <input type="checkbox"/> No <input type="checkbox"/> Yes | Cardiac pacemaker | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Implanted cardioverter defibrillator (ICD) | <input type="checkbox"/> No <input type="checkbox"/> Yes | Electronic implant or device | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Neurostimulation system | <input type="checkbox"/> No <input type="checkbox"/> Yes | Cochlear, otologic or other ear implant | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Eye/retinal tack(s) | <input type="checkbox"/> No <input type="checkbox"/> Yes | Insulin or other infusion pump | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Implanted drug infusion device | <input type="checkbox"/> No <input type="checkbox"/> Yes | Artificial or prosthetic limb | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Metallic stent, filter or coil | <input type="checkbox"/> No <input type="checkbox"/> Yes | Vascular access port and/or catheter | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Any metallic fragment or foreign body | <input type="checkbox"/> No <input type="checkbox"/> Yes | Joint replacement (hip, knee, screws, wires, plates, etc.) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Hearing aid | <input type="checkbox"/> No <input type="checkbox"/> Yes | Other implant (if yes, what?): | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| Extra considerations | Complete all fields |
|---|---------------------|
| Medication patch (Nicotine, Nitroglycerine) <input type="checkbox"/> No <input type="checkbox"/> Yes Can it be taken off? <input type="checkbox"/> No <input type="checkbox"/> Yes *No further investigation is required if patch can be taken off while working in the presence of magnetic field. | |
| Tattoo or permanent makeup <input type="checkbox"/> No <input type="checkbox"/> Yes *Tattoos are not really a problem, however iron oxide tattoos can heat up if directly in main magnetic field; precautionary measures may need to be taken if in the magnet itself. | |
| Staff from RRC Polytech will contact the applicant directly should there be any further information required. | |

| Applicant's signature | Complete all fields |
|--|---------------------|
| I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form. | |
| Applicant signature: | Date: |

Submit this completed form to ahsadmissions@rrc.ca