

BROOKHAVEN NATIONAL LABORATORY
Occupational Medicine Clinic

Medical Protocol for Static Magnetic Fields

NAME:

CHART #:

This protocol was developed 6/01 to comply with BNL's requirement for medical review of personnel who are exposed to Static Magnetic Fields.

Employees are identified to be included in this medical protocol by their supervisor by checking "Static Magnetic Fields" on the OMC Job Assessment Form. This is a required medical protocol for identified employees. Status will be recorded on the BNL Training Database (Completed/Qualified or Other/Pending).

Approval for work in Static Magnetic Field areas will be in effect for eighteen months or until the last physical examination at the OMC, whichever occurs first. Employees or their supervisors may request a re-evaluation of approval status if there is a change in an employee's health status.

Employees will need to complete the attached form, which will then be reviewed by the examining OMC physician. Any restrictions or limitations on work in Static Magnetic Field areas should be reviewed with the Manager or Deputy Manager of OMC before issuance of written restrictions or limitations. Permanent limitation recommendations must be approved by OMC Manager or Deputy Manager.

Reference MRISafety.com to look up safety of implanted metal.

Actions for This protocol:

Protocol completed at time of OMC physical examination
Re-evaluation as needed at supervisor's or employee's request

OMC physician should complete and sign:

_____ Protocol Completed/Qualified

_____ Protocol Not Qualified

_____ Protocol Other/Pending (includes Not Qualified)

Employees not cleared for work in Static Magnetic Field areas should be so advised. Supervisor notification is required.

_____ Restricted duty form sent (temporary; establish date for follow-up)

_____ Permanent Limitation recommended (Approved by OMC Manager)

*** _____ Employee entered MRI ring as an employee - add to MRI Monitoring Protocol

OMC Physician Signature

Date

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

Medical Protocol for Static Magnetic Fields

NAME:

CHART #:

This form to be completed by BNL employee. The purpose of this questionnaire is the detection of medical devices, conditions or procedures that may result in adverse effects in a magnetic field.

Please check any of the following items relevant to your health. These will be discussed with you and clarified by the OMC physicians at the time of your routine examination at the OMC. You may use the space at the bottom of this form to write in details.

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 an employee (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?

Details of above checked items: _____

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Signature of employee: _____ Date: _____

Reviewed by OMC Physician:

Signature _____

Date: _____