



Clinical Site: _____ **Date:** _____

Student Name: _____

Clinical Site Orientation Form

1.	Introduction to staff members and management.	<input type="checkbox"/>
2.	Tour of the facility.	<input type="checkbox"/>
3.	Review of Clinical site privacy policy.	<input type="checkbox"/>
4.	Review of institution general health and safety plans a. Employee first aid b. Material Safety Data Sheet c. Fire plan d. Evacuation plan e. Disaster	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.	Review of allergic reaction policies and procedures. a. Supervising physician contact information b. Allergic reaction kit c. Vital sign monitoring equipment d. Oxygen access e. Suction equipment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.	Review MR Safety policies and procedures. a. Screening process b. MR safety questionnaire c. Reference Manual for MRI d. MR compatible equipment e. MR patients dress code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.	Review of MRI equipment, patient protection and contrast media. a. MRI Scanner b. RF Coils c. Patient table d. MR Compatible Stretcher and or wheelchair e. Patient protection equipment (insulating pads, anti noise devices) f. Contrast media and IV kit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Orientated Signature: _____

Date: _____

Orientate Signature: _____

Date: _____