

## MAGNETIC RESONANCE (MR) SAFETY SCREENING FORM

**\*\*Please complete both sides in their entirety\*\***  
 (If under 18, form must be signed and completed by parent or legal guardian)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

Subject ID \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Have you had prior surgery or an operation (e.g., heart, brain, spine, eyes, abdominal) of any kind? No    Yes

If yes, please indicate the date and type of surgery:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Type of surgery \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Type of surgery \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Type of surgery \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Type of surgery \_\_\_\_\_

2. Is this your first MRI? No    Yes

3. Have you experienced any problem related to a previous MRI examination or MR procedure? No    Yes

If yes, please describe: \_\_\_\_\_

4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? No    Yes

If yes, please describe: \_\_\_\_\_

5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? No    Yes

If yes, please describe: \_\_\_\_\_

6. Have you had surgery in the last 8 weeks? No    Yes

If yes, please list: \_\_\_\_\_

7. Are you wearing a wig or have any other artificial hair? No    Yes

If yes, you will be required to remove wig and cap prior to scanning and other artificial hair may need to be tested prior to scanning

8. Can you stand without assistance? No    Yes

9. You will be required to change into provided scrubs before scanning. I acknowledge and agree to change  
 If no, we will be unable to scan at time of visit. No    Yes

10. Do you require vision correction? No    Yes

If yes, please wear contacts or bring your prescription information

11. Do you have any dental work other than fillings? (Please indicate if removable) No    Yes

If yes, please list: \_\_\_\_\_

For female participants:

12. Are you pregnant or think you may be pregnant? No    Yes

13. If you are wearing any type of bra (under wire, seamless, sports bra, tank etc.) this will be required to be removed prior to scanning. I acknowledge and agree to remove  
No    Yes

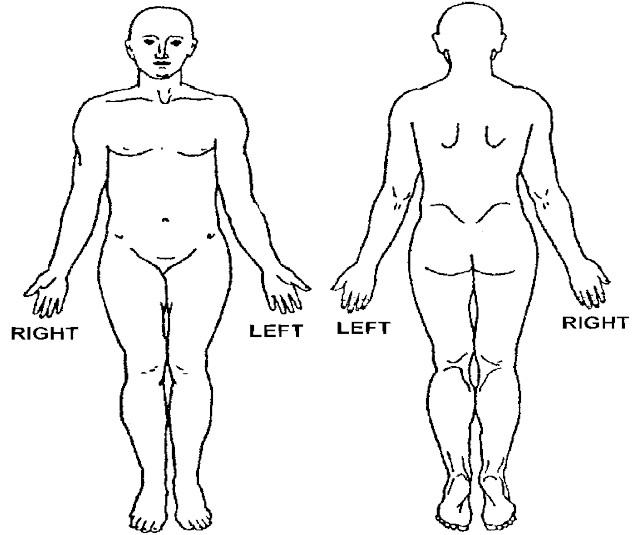


**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Director BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- Yes No Aneurysm clip(s)
- Yes No Cardiac pacemaker
- Yes No Implanted cardioverter defibrillator (ICD)
- Yes No Electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Insulin or other infusion pump
- Yes No Implanted drug infusion device
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil
- Yes No Shunt (spinal or intraventricular)
- Yes No Vascular access port and/or catheter
- Yes No Small bowel endoscopy capsule
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch
- Yes No Any metallic fragment or foreign body
- Yes No Wire mesh implant
- Yes No Tissue expander (e.g., breast)
- Yes No Surgical staples, clips, or metallic sutures
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes No IUD, diaphragm, or pessary (circle which)
- Yes No Dental braces
- Yes No Tattoo or permanent makeup
- Yes No Body piercing jewelry
- Yes No Hearing aid  
(Remove before entering MR system room)
- Yes No Other implant \_\_\_\_\_
- Yes No Breathing problem or motion disorder
- Yes No Claustrophobia

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



**IMPORTANT INSTRUCTIONS**

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Director if you have any question or concern BEFORE you enter the MR system room.

NOTE: You will be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

Form Completed By: Participant Relative RA \_\_\_\_\_  
Print name Relationship to participant

Form Information Reviewed By: \_\_\_\_\_  
Print name Signature