**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)*

<table>
<thead>
<tr>
<th>Date <em><strong><strong>/</strong></strong></em>/_____</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject ID __________________________</td>
<td>Age ______</td>
<td>Height ______</td>
</tr>
</tbody>
</table>

1. Have you had prior surgery or an operation (e.g., heart, brain, spine, eyes, abdominal) of any kind?  
   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?  
   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.)?  
   If yes, please describe: __________________________

5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  
   If yes, please describe: __________________________

6. Have you had surgery in the last 8 weeks?  
   If yes, please list: __________________________

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

8. Can you stand without assistance?  
   No Yes

9. You will be required to change into provided scrubs before scanning.  
   If no, we will be unable to scan at time of visit.

   I acknowledge and agree to change
   No Yes

10. Do you require vision correction?  
    If yes, please wear contacts or bring your prescription information

    No Yes

11. Do you have any dental work other than fillings? (Please indicate if removable)  
    If yes, please list: __________________________

    No Yes

For female participants:

12. Are you pregnant or think you may be pregnant?  
    I acknowledge and agree to remove
    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.

    No Yes
Please indicate if you have any of the following:

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

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

Form Information Reviewed By: ___________________________ ___________________________
Print name Signature

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.