

# MRI SAFETY SCREENING

Study ID: HUM00093760 IRB: IRBMED Date Approved: 12/31/2018 Expiration Date: 12/2/2019

Subject ID: \_\_\_\_\_ Subject date of birth: \_\_\_\_\_

Allergies: \_\_\_\_\_ Height (ft/in): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

**Any surgery in the last 8 weeks** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what kind \_\_\_\_\_

**Have you ever had any of the following surgeries /implants:**

Implanted Neurological Stimulator.....yes.....no..... don't know  
Pacemaker or pacemaker wires.....yes.....no..... don't know  
Heart surgery.....yes.....no..... don't know  
Artificial heart valve.....yes.....no..... don't know  
Brain surgery.....yes.....no..... don't know  
Aneurysm surgery.....yes.....no..... don't know  
Middle ear implant.....yes.....no..... don't know  
Cataract surgery/eye lens implant.....yes.....no..... don't know  
Any implanted mechanical/electrical device.....yes.....no..... don't know  
Metal tracheostomy.....yes.....no..... don't know  
Other surgeries or implants? if yes what kind\_\_\_\_\_

Have you ever been a machinist, welder or metal worker?.....yes.....no

Have you ever had a piece of metal flushed/removed from your eye?.....yes.....no

**Do you have any of the following items in your body (circle them)?**

bullets/BBs/pellets	wires/plates/screws	IUD
Internal/Implanted Contraceptive	Medication Patch (Please remove prior to MRI)	
dental implants	shrapnel	stents
penile prosthesis	middle ear implant	metal fragments
infusion pump	hearing aid	hairpins
surgical clips	screws	false teeth/retainers
breast implants	pins/pacemaker wires	coils
braces	blood clot filter	artificial limb or joint

Do you have a tattoo, permanent make-up or body piercing? .....yes.....no

Can you stand without assistance?.....yes.....no

Are you claustrophobic?.....yes.....no

Are you mentally impaired?.....yes.....no

Do you have uncontrollable shaking?.....yes.....no

Are you currently using a Broviac, Swan-Ganz catheter or oxygen? .....yes.....no

Are you wearing antimicrobial athletic clothing?.....yes.....no..... don't know

Can you lie still on your back for 1 hour? .....yes.....no..... don't know

Are you pregnant?.....yes.....no..... not sure

Do you require vision correction?.....yes.....no..... not sure

\*If yes, please wear contacts or bring your prescription information (if available)\*



**IMPORTANT INSTRUCTIONS: THE MR SYSTEM MAGNET IS ALWAYS ON!!!  
PLEASE REMOVE ALL BODY PIERCING/JEWELRY/HAIRPINS/BELTS AND  
ANY OTHER METAL OBJECTS BEFORE ENTERING THE MR PROCEDURE ROOM.**

\_\_\_\_\_  
Initial Here

**Subject Signature:**\_\_\_\_\_  
(parent/guardian if under 18)

**Date:**\_\_\_\_\_

**Technologist Signature:**\_\_\_\_\_

**Type of implants/surgeries/foreign body:**

\_\_\_\_\_

Approved By:\_\_\_\_\_

Signature/Date:\_\_\_\_\_