

York MRI Facility

Magnetic Resonance (MR) Safety Screening Form

Name _____
Last First MI

Weight _____

Height _____

Date of Birth ____/____/____
Month Day Year

Male Female

Do you have: **Cardiac pacemaker or implantable cardioverter defibrillator (ICD)** Yes No
Aneurysm clip Yes No
Are you: Claustrophobic Yes No
Are you currently taking any medications? Yes No

List: _____

Have you ever had an injury to the eye involving a metallic object or fragment? Yes No
Have you ever worked in a metal shop? Yes No
Possibility of pregnancy? Yes No Not applicable

Brain/Head Surgery

Yes No

List type/date

Artificial Implants/Mechanical Devices

Yes No

List type/date

Heart/Chest Surgery

Yes No

List type/date Retained pacer wires Yes No

Other Surgery

Yes No

List type/date

Ear Surgery

Yes No

List type/date

Pierced body parts (earrings, etc.) Yes No

Hearing aid or cochlear implant Yes No

Permanent retainer or braces Yes No

Dentures or partials Yes No

History of bullets, shrapnel or BBs Yes No

History of seizures Yes No

Hair piece, wig or hair extensions Yes No

Medication or transdermal patch Yes No

Tattoo or permanent makeup Yes No

Stent, filter Yes No

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 questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Researcher BEFORE entering the MR system room. **The MR system magnet is ALWAYS on.**

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

Signature of person completing form: _____ Date ____/____/____
M D Y

Form completed by: MRI participant Other (specify) _____

Reviewed by: _____ PI of study _____