

Center for Brain Science Neuroimaging MRI Safety Screening

Name _____ Email _____ Phone # _____
D.O.B. _____ Weight _____ Height _____ Gender _____ Ethnicity/Race _____

- Y N Have you ever been a machinist, welder or metal worker?
Y N - If yes, did you wear safety glasses at **ALL** times?
- Y N Have you ever had a piece of metal in your eyes?
- Y N Do you have any shrapnel or metallic fragments in your body? Please describe _____
- Y N Do you have a cardiac pacemaker or pacer wires?
- Y N Do you have an aneurysm clip?
- Y N Do you have a prosthetic heart valve?
- Y N Do you have a neurostimulator (e.g. TENS-Unit)?
- Y N Do you have implanted pumps or electronic devices (e.g. Insulin)?
- Y N Do you have a cochlear implant?
- Y N Do you have a stent?
- Y N Do you have an IUD? Name _____
- Y N Is there a chance you could be pregnant?
- Y N Are you wearing a skin patch (nicotine, contraceptive)?
- Y N Have you had a bone treated with metal rods, plates, or screws?
- Please describe and include date(s) _____
- Y N Have you had any major surgery?
- Please describe and include date(s) _____
- Y N Do you have any wires, magnetic or metallic implants in your body that are not listed above?
- Please describe _____

***** Above Must Be Cleared*****

- Y N Do you have a non-removable retainer, dentures or braces? Describe _____
- Y N Do you have a hearing aid?
- Y N Do you have body or cosmetic tattoos? Please describe _____
- Y N Do you have piercings?
- Y N Are you wearing magnetic or metallic cosmetics (nail polish, hair extensions, make-up)? _____
- Y N Are you wearing cosmetic contacts (e.g. circle lenses, big eye lenses)?
- Y N Are you claustrophobic?

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| <u>DO NOT ENTER THE SCAN ROOM WITH ANY OF THESE ITEMS</u> | |
| Bobby Pins/Barrettes/Safety Pins | Belts/Buckles |
| Underwire Bra | Keys/Coins |
| Jewelry/Piercings/Watch | Credit/Bank Cards |
| Magnetic/Metallic Cosmetics | Wallet/Money Clips |
| Wigs/Hairpiece | Pens/Pencils |

***** ALL VOLUNTEERS MUST WEAR HEARING PROTECTION DURING ALL SCANS*****

I hereby agree to have a Magnetic Resonance Imaging (MRI) study.

Participant Signature _____ Date _____

Investigator Signature (Green Badge) _____ Date _____