Center for Brain Science Neuroimaging
MRI Safety Screening

Name __________________________ Date of Birth ________ Height ________
Weight ______ Email ___________________________ Phone # ___________
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 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 (Tens-Unit)?
Y N  Do you have implanted pumps or electronic devices (Insulin)?
Y N  Do you have Cochlear implants?
Y N  Do you have an IUD?
Y N  Do you have any shrapnel in your body?
Y N  Do you have any metal or metallic implants in your body that are not listed above?
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?
Y N  - If yes, please describe and include date(s)_____________________________
Y N  Have you had any major surgery?
Y N  - If yes, please describe and include date(s)_____________________________
Y N  Are you claustrophobic?
Y N  Do you have dentures, braces or a non-removable retainer?
Y N  Do you have a hearing aid?
Y N  Do you have tattoos?
Y N  Do you have piercings?
Y N  Are you wearing magnetic or metallic cosmetics (nail polish, hair extensions, make-up)?

DO NOT ENTER THE SCAN ROOM WITH ANY OF THESE ITEMS

<table>
<thead>
<tr>
<th>Belts/Buckles</th>
<th>Keys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit/Bank Cards</td>
<td>Wallet/Money Clips</td>
</tr>
<tr>
<td>Pens/Pencils</td>
<td>Coins</td>
</tr>
<tr>
<td>Bobbypins/Barrettes</td>
<td>Safety Pins</td>
</tr>
<tr>
<td>Jewelry/Piercings/Watch</td>
<td>Magnetic/Metallic Cosmetics</td>
</tr>
<tr>
<td>Wigs/Hairpiece/Extensions</td>
<td>Pocket Knife</td>
</tr>
</tbody>
</table>

* ALL VOLUNTEERS MUST WEAR HEARING PROTECTION DURING ALL SCANS

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

Subject Signature ___________________________ Date___________

Witnessed By ___________________________ Date___________