

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 Have you ever had a cardiac pacemaker or pacer wires in your body?

Y N Do you have an aneurysm clip?

Y N Do you have a prosthetic heart valve?

Y N Have you ever had a neurostimulator (e.g. TENS-Unit) in your body?

Y N Have you ever had implanted pumps or electronic devices (e.g. Insulin) in your body?

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 (e.g. 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, metallic or magnetic 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? _____

Y N Do you have a hearing aid?

Y N Do you have body or cosmetic tattoos? _____

Y N Do you have piercings?

Y N Are you wearing metallic or magnetic cosmetics (e.g. 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?

DO NOT ENTER THE SCAN ROOM WITH ANY OF THESE ITEMS

Bobby Pins/Barrettes/Safety Pins

Underwire Bra

Jewelry/Piercings/Watch

Magnetic/Metallic Cosmetics

Wigs/Hairpiece

Belts/Buckles

Cell Phone/Keys/Coins

Credit/Bank Cards

Wallet/Money Clips

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_____