UR CABIN: University of Rochester Center for Advanced Brain Imaging and Neurophysiology

Magnetic Resonance (MR) Safety Screening Form

Name ______________________________ **Weight** _____lbs./kg **Height** ______in./cm
Last First MI

Date of Birth______/______/______ ☐ Male ☐ Female ☐ Other
Month Day Year

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
Date of last menstrual period ____________

Brain/Head Surgery ☐ Yes ☐ No
List type/date
____

Heart/Chest Surgery ☐ Yes ☐ No
List type/date *Retained pacer wires* ☐ Yes ☐ No
____

Ear Surgery ☐ Yes ☐ No
List type/date
____

Eye Surgery ☐ Yes ☐ No
List type/date
____

Artificial Implants/Mechanical Devices
List type/date ☐ Yes ☐ No
____

Other Surgery
List type/date ☐ Yes ☐ No
____

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/BBs ☐ Yes ☐ No
History of seizures ☐ Yes ☐ No
Hair piece ☐ Yes ☐ No
Medication or transdermal patch ☐ Yes ☐ No
Tattoo or permanent makeup ☐ Yes ☐ No
Stent, filter ☐ Yes ☐ No
Colored contact lens ☐ Yes ☐ No
Spray on colored hair powder/dye ☐ 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.

Subject Signature: ______________________ **Date** ___/____/_____
Form completed by: ☐ MRI subject ☐ Other (specify)______________________

Reviewed by: ______________________**PI of study** ______________________