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

Magnetic Resonance (MR) Safety Screening Form

Name	Weightlbs./kg Height _	in./cm
Last First	MI	
Date of Birth / Day Year	☐ Male ☐ Femal	e 🗆 Other
Deg Tea		
Do you have: Cardiac pacemaker or implantab	le cardioverter defibrillator (ICD) 🛘 Ye	es 🗆 No
Aneurysm clip		☐ Yes ☐ No
Are you: Claustrophobic		☐ Yes ☐ No
Are you currently taking any medications?		\square Yes \square No
List.		
Have you even had an injury to the eve involving a m	estallia abicat an fragmant?	□ Yes □ No
Have you ever had an injury to the eye involving a m Have you ever worked in a metal shop? \square Y		L Tes L No
Possibility of pregnancy?		
Brain/Head Surgery ☐ Yes ☐ No	Artificial Implants/Mechanical Dev	
List type/date	List type/date \square Yes	□ No
Heart /Chart Summann	Other Surrey and a such density of	1
Heart/Chest Surgery	Other Surgery ortho or abdominal List type/date	
List type/date Retained pacer wires \square Yes \square No	List type/date ☐ Yes	□ No
	Pierced body parts (removable earrings,	□ Yes □ No
	etc.)	
Ear Surgery/Implants ☐ Yes ☐ No	Hearing aid or cochlear implant	□ Yes □ No
List type/date	Permanent retainer or braces Dentures or	□ Yes □ No
	partials	□ Yes □ No
	History of bullets/shrapnel/BBs	□ Yes □ No
	History of seizures	□ Yes □ No
Eye Surgery/Metal in	Hair piece, extensions or accessories, clips	□ Yes □ No
eye	or beads	
List type/date	Medication or transdermal patch	□ Yes □ No
	Tattoo or permanent makeup Stent, filter	☐ Yes ☐ No
	Colored contact lens	□ Yes □ No
	Spray on colored hair powder/dye	□ Yes □ No
	Crothing impedated with income	☐ Yes ☐ No
	(Copper/silver)	
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.	WIKI Technologist of Researcher BEFORE enterin	g the MK system
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	