



## Magnetic Resonance Safety Screening Form For Investigators & Staff

This form is used for screening individuals who require access to the UPCI ClinScan 7 T MRI area (particularly the magnet room and areas within the 5 Gauss line).

<b>Date:</b>	<b>Name:</b>
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<b>Please indicate if you have any of the following:</b>		
YES	NO	
		Aneurysm clip(s)
		Embolization coil(s)
		Intravascular filter(s), stent(s)
		Cardiac pacemaker, internal pacing wires
		Implanted cardioverter defibrillator
		Electronic or magnetically activated implant or device
		Hearing aid(s) or other ear implant
		Implanted drug device, such as insulin or infusion pump
		Any prosthesis or implant
		Artificial limb(s), artificial joint replacement
		Any metallic foreign body, e.g., BB's, bullets, pins, screws, rods, plates, wires, shrapnel
		History of metal work
		History of having metal removed from your eye(s)
		Dentures, braces,
		Any other implant(s)
		Body art (including tattoos), jewelry or piercing
		Possibility of pregnancy?
Other:		

Completed By (Person Being Screened):

Reviewed by (Core Staff):

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature: