## Cornell Magnetic Resonance Imaging Facility MRI Safety Questionnaire for Visitors\*

Date/	/_	Name	<u> </u>	P	Age
month <b>Email</b>	day	year	Last	First <b>Phone Number</b>	Middle Initial <b>Gender</b>
Please read the following questions carefully. It is very important for us to know if you have any					
$\wedge$					ants, devices, or objects may be
					f you do not understand a
		on, please ask	•	VII	2 900 00 1100 011001200110 0
<b>Do not enter the MR system room</b> 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.					
Remove ALL METALLIC OBJECTS before entering the MR environment, including hearing aids,					
dentures, partial plates, belts/buckles, keys, beeper, wallet/money clips, cell phone, eyeglasses, colored contact					
lenses, hairpins/barrettes/safety pins, jewelry/piercings, wigs/hairpiece/extensions, watch, underwire bra, pocket					
knife, radio relays, or stethoscopes. Also remove EVERYTHING from your pockets, especially metal (e.g.,					
coins, clips, pens/pencils, pins) and magnetic strip cards (e.g., credit cards, bank cards, bus cards, store cards).					
*NOTE: If you are a participant or researcher preparing to enter the magnet room, you are required to					
fill out a different form.					
Yes 🗌	No		d and understand Englis	sh?	
Yes $\square$	No [		•	know if you may have an in	mplant or device)?
105	110	•	0 ,		tion since your last surgery?
		Yes ☐ No			
Yes	No [	Is there any	possibility that you mi	ght be pregnant? (for FEM.	ALE)
Please indicate if you have any of the following <b>IN YOUR BODY</b> :					
Yes 🔲	No 🗌			netallic object or fragment	
Yes _	No _		from shrapnel, bullets o		
Yes	No L	Any metalli	c fragment or foreign b	ody	
Please indicate if you currently have any of the following <b>IMPLANTS</b> , <b>DEVICES</b> or <b>PROSTHESES</b> :					
Yes $\square$	No _		lip(s) from brain surge	ry	
Yes $\square$	No _	Cardiac pac			
Yes $\square$	No _		eart defibrillator or pro	sthetic heart valve	
Yes U	No No		mplant or device y-activated implant or	daviaa	
Yes $\square$	No _			imulators also called TENS	or "wires")
Yes $\square$	No _	Spinal cord	- '	initiators also canca TENS	or whes j
Yes $\square$	No E		other ear implant		
Yes $\Box$	No 🗌		ther infusion pump		
Yes $\square$	No 🗌	Implanted n	nedication delivery dev	rice	
Yes 🔲	No _	J J 1	prosthesis (eye, penile	e, etc.)	
Yes 🔲	No _		prosthetic limb		
Yes $\square$	No _		al or internal metallic of	bject	
Yes 📙	No _	Hearing aid		1 1 1 .1 .	. 1 10
Yes 🔲	No _			devices in your body that a	re not listed?
If yes, describe:					
I agree that the above information is correct to the best of my knowledge. I have read and understand the entire					
contents of this form and have had the opportunity to ask questions regarding the information on this form.					
	You	Signature			Date
You	ır Nam	e (printed) _			
					Date
Signature of Screener Date Screener Name (printed)					
~ 51 55110		(r)			