PLEASE NOTE:

The safety screening form is NOT to be signed until the day of your scan. It must be signed in the presence of the researcher or a designated DISC staff member.

This form is included here for your information only.
The MRI room contains a very strong magnet. Some metal objects can interfere with your scan or even be dangerous. Before you are allowed to enter, we must know if you have any metal in your body or have experienced any of the conditions listed below. Please check the correct answer from each of the following:

Yes No
Cardiac pacemaker
Implanted cardiac defibrillator
Aneurysm clip or brain clip
Carotid artery vascular clamp
Neurostimulator
Insulin or infusion pump
Spinal fusion stimulator
Cochlear, otologic, ear tubes or ear implant
Prosthesis (eye/orbital, penile, etc.)
Heart valve prosthesis
Artificial limb or joint
Other implants in body or head
Electrodes (on body, head or brain)
Intravascular stents, filters, or shunts (spine)
Implant held in place by a magnet
Hearing aid (Remove before scan)
Other implants in body or head
Dentures or retainers (Remove before scan)
Electrodes (on body, head or brain)
Intravascular stents, filters, or shunts
Shunt (spinal or intraventricular)
Vascular access port or catheters
IUD or diaphragm
Transdermal delivery system or other types of foil patches (e.g. Nitro, Nicotine, Birth control, etc.)

Please remove all metallic objects before MR examination including: keys, hair pins, barrettes, jewelry, watch, safety-pins, paperclips, money clip, credit cards, coins, pens, belt, metal buttons, pocket knife, & clothing with metal in the material. Ear protection is required during the MRI examination.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form; and I have had the opportunity to ask questions regarding the information on this form.

Signature: __________________________ Date: ______________

Reviewed by: ______________________ Date: ______________

Magnetic Resonance Imaging Screening Form 10/25/2022 rev