## MRI SAFETY SCREENING FORM

### VOLUNTEER INFORMATION

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE OF BIRTH:</th>
<th>HEIGHT:</th>
<th>WEIGHT:</th>
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**WARNING:** Certain implants, devices, objects, and attire may be hazardous to you and/or may interfere with the MRI procedure. **Do NOT** enter the MRI system room if you have ANY metal in or on your body, or MR environment if you have any question or concern regarding any implant, device, or object. Consult the MRI staff BEFORE entering the MRI system room. The MRI system magnet is **ALWAYS on.**

Please circle yes or no for each of the following questions:

- **Do you or have you ever had a pacemaker, wires, cardiac defibrillator or implanted loop recorder?**
  - Yes
  - No

- **Have you ever been hit in the face or eye with a piece of metal, or had a piece of metal removed from your eye? (including metal shavings, slivers, bullets, or BB’s)**
  - Yes
  - No

- **Have you ever been injured by any metal shrapnel or a gunshot?**
  - Yes
  - No

- **Do you have or have you ever had any aneurysm clips or coils?**
  - Yes
  - No

- **Do you have or have you ever had an implanted electrical stimulator or infusion pump? (e.g., deep brain stimulator, vagal nerve stimulator, implanted medication pump, implanted bone or nerve stimulator)**
  - Yes
  - No

- **Do you have or have you ever had a stent, coil, filter, wire, artificial heart valve, or annuloplasty ring in your heart or blood vessels?**
  - Yes
  - No

- **Do you have or have you ever had a cochlear implant?**
  - Yes
  - No

- **Do you have a port (e.g., mediport, powerport) or breast tissue expander?**
  - Yes
  - No

- **Do you have an implanted shunt, catheter, or tube anywhere in your body?**
  - Yes
  - No

- **Do you have any of the following: penile implant, eyelid springs, eyelid weights, scleral buckle, or glaucoma shunt?**
  - Yes
  - No

- **Are you or could you be pregnant?**
  - Yes
  - No

Please explain if you answered yes to any questions:

(Nota to screeners: Do not scan without prior approval from center manager for anything indicated “Yes” in the first column)

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**SIGNATURE** ____________________________  **DATE** ____________________________

**SCREENER’S SIGNATURE** ____________________________  **DATE** ____________________________

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