IRB Number_____

RADIOLOGY DIVISION OF MRI RESEARCH
PERSONNEL SCREENING FORM

PRINT NAME: _____

To ensure your safety while working in the MRI environment, it is necessary that you answer the following questions.

Have you ever:	**YES**	**NO**
Had surgery involving a metallic Implant ?	☐	☐
Been hit in the face or eye with a piece of metal? (*including metal shavings, slivers, bullets, or BBs)*	☐	☐
Had a piece of metal removed from your eye?	☐	☐
Are you pregnant or possibly pregnant	☐	☐

Do you have any if these items in your body?

	YES	**NO**		**YES**	**NO**
Pacemaker, wires, or defibrillator	☐	☐	Eyelid or Body Tattoo	☐	☐
Aneurysm Clips	☐	☐	Piercings	☐	☐
Ear implant (cochlear)/ hearing aid	☐	☐	Implanted Catheter, tube, or shunt	☐	☐
Electrical stimulator for nerves or bone	☐	☐	Artificial heart valve	☐	☐
Bullets, BBs, or pellets	☐	☐	Penile prosthesis	☐	☐
Metal Shrapnel or Fragments	☐	☐	False teeth, retainers, or braces	☐	☐
Infusion pump	☐	☐	Magnetic Implant anywhere	☐	☐
Coil, filter, wire, or stent in blood vessel	☐	☐	Diaphragm or intrauterine device	☐	☐
Orthopedic hardware (plates, screws, pins, rods, wires, etc)	☐	☐	Surgical clips, staple, wires, or suture	☐	☐
Artificial Limb or joint	☐	☐	Dermal patches of any kind	☐	☐

If you have answered yes to any of the above questions, please explain:

_____

_____

SIGNATURE _____ DATE_____

TECHNOLOGIST INITIALS _____