MRI SAFETY SCREENING

UW Center for Human Neuroscience

Date (mm/dd/yyyy)	/ /	Lab:		MRI Operator:	
Name (first last)					
Birth Year (yyyy)		Height	ft. in.	Weight	lbs.

WARNING: The magnet of the MR system has a very **strong magnetic field** that is dangerous to a person entering the magnet room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. **The magnet is always on!**

Please answer the following about metallic and electrical objects in your body:			
Have you had a prior surgery or operation?	☐ No ☐ Yes	Neuro stimulator?	☐ No ☐ Yes
Have you ever been injured by a metallic object?	☐ No ☐ Yes	Cardiac pacemaker?	☐ No ☐ Yes
Electronic, mechanical, or magnetic implant?	☐ No ☐ Yes	Aneurism clip?	☐ No ☐ Yes
Intravascular stents, filters, or shunts?	☐ No ☐ Yes	Hearing aid or dentures?	☐ No ☐ Yes
Permanent eye makeup or microblading?	☐ No ☐ Yes	Wig, weave, or hairpiece?	☐ No ☐ Yes
Metallic nail polish or magnetic eyelashes?	☐ No ☐ Yes	Retainer or braces?	☐ No ☐ Yes
Transdermal medication patch?	☐ No ☐ Yes	Colored contact lenses?	☐ No ☐ Yes
Do you have an IUD? (3T compatible IUDs are: Mirena and Liletta)			☐ No ☐ Yes
Are you pregnant?			☐ No ☐ Yes
Do you have metal anywhere else in your body?			☐ No ☐ Yes

Pre-existing medical conditions: Do you have a medical history of developing **seizures**, **ear infections/ear problems,** or currently suffering from **cold/flu symptoms**, **claustrophobic reactions**, or greater than normal potential for **anxiety** and/or cardiac arrest? Are you aware of any **brain anomalies**?	☐ No ☐ Yes

Metallic objects: Please **Remove all metallic objects** before entering the Magnet Room including hearing aids, cell phone, keys, eyeglasses, hair pins barrettes or clips, jewelry, body piercings, watch, wallet, coins, pens, hair bands, belts, metal underwire bras.

Do not wear anti-microbial athletic clothing containing silver or metal threads.

Do you have any metallic or ferromagnetic object left on you?	☐ No ☐ Yes

______________________________ Signature of Participant / Guardian

______________________________ MRI Operator Signature

☐ Metal Detector

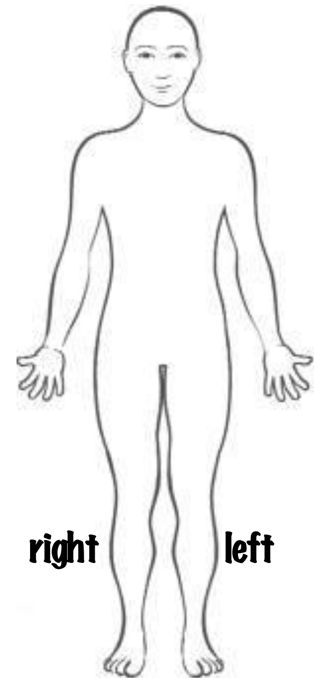
To Be Completed By MRI Operator

Details of prior surgery or operation:

When was the surgery(s) performed? (note year or approximate year or within last six weeks)

Where there any metallic or other implants left in the participant's body? Yes No

If yes, what? (Indication location on drawing.)



Was this surgery reviewed by CHN staff prior to now? Yes No

CHN Staff safety determination? Okay Not-Okay N/A

Other notes?

Okay to scan? Yes No

left

MRI Operator Initials: _______