Thank you for participating in research at UW!
The CHN MRI Operator has given you permission to be in the MRI Control Room while your child is being scanned.

**WARNING:** The MRI 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! To ensure the safety of you and your child in the MRI environment, we ask you to please answer the questions below, and also remove all metallic objects before entering the MRI Control Room.

- **No metallic objects can enter the MRI Magnet Room!**
- **You must be screened before entering the MRI Control Room!**
- **No bags, purses, or other items are allowed in the Control Room**

Please Initial Here to acknowledge these rules: _______

→ You can bring your cell phone into the MRI Control room, but please keep it on a counter and remember to not put it in your pocket or bring it into the Magnet Room!

Please answer the following about metallic and electrical objects in your body:

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Neuro stimulator?</th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Have you had a prior surgery or operation?</td>
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<td>Have you ever been injured by a metallic object?</td>
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<td>Electronic, mechanical, or magnetic implant?</td>
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<td>Intravascular stents, filters, or shunts?</td>
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<td>Wig, weave, or hairpiece?</td>
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<td>Do you have metal anywhere else in your body?</td>
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</tbody>
</table>

**Metallic objects:** Please Remove all metallic objects before entering the Control & Magnet Room including hearing aids, keys, eyeglasses, hair pins/clips, jewelry, piercings, watch, wallet, coins, & belts.

Do you have any metallic or ferromagnetic objects left on you?            | No | Yes |

*I understand if I bring an unsafe object into the MRI Magnet Room it could result in injury to my child, myself, and the research staff.*

Signature of Parent / Guardian       MRI Operator Signature       Detector Review
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 be in Zone 3 or Zone 4? (No scanning!) Yes No

MRI Operator Initials: ________