



MRI Participant Screening Document

HEIGHT ____ ft ____ in WEIGHT _____ lbs Date of Birth ____ / ____ / ____

1) Participant History

- ____ Yes ____ No Have you ever done metal grinding, welding or machine shop work (job, hobby or student)?
- ____ Yes ____ No Have you ever had metal removed from your eye(s) (including metal shavings, slivers, bullets)?
- ____ Yes ____ No Are you pregnant or breast-feeding?
(Date of last menstrual period? ____ / ____ / ____)
- ____ Yes ____ No Are you claustrophobic?
- ____ Yes ____ No Do you experience vertigo or other vestibular abnormalities?

2) Participant History

- ____ Yes ____ No Do you have sickle cell anemia?
- ____ Yes ____ No Do you have a medical history of cancer?

3) Do you have any of the following in or on your body?

- ____ Yes ____ No Cardiac wires or defibrillator
- ____ Yes ____ No Medication Patch (Nicotine, Nitroglycerin)
- ____ Yes ____ No Venous Filter, basket or stent
- ____ Yes ____ No Dental Implants
- ____ Yes ____ No Eye Implant
- ____ Yes ____ No Bullets, BBs, Pellets, Metal Fragments of any kind
- ____ Yes ____ No Implanted device (pain pump, bone stimulator, tissue expander)
- ____ Yes ____ No Implanted Catheter
- ____ Yes ____ No Penile Prosthesis
- ____ Yes ____ No Fractured bones repaired with metal
- ____ Yes ____ No Ear Implant
- ____ Yes ____ No Joint Replacements

4) Do you have any of the following in or on your body?

- ___ Yes ___ No Orthodontic Braces
- ___ Yes ___ No Permanent Makeup (eyeliner, etc.) or Tattoo
- Date of Tattoo: _____
- Location of Tattoo Parlor: _____

5) Do you have any of the following in or on your body?

- ___ Yes ___ No Artificial limbs
- ___ Yes ___ No Removable dental work
- ___ Yes ___ No Hearing aid (must be removed before entering scan room)
- ___ Yes ___ No Body piercing jewelry
- ___ Yes ___ No Medication patches (including nicotine)

6) List all past surgical procedures:

7) List all allergies:

The possible hazards of an MRI scan have been explained to me, and I understand that I can withdraw at this point for any reason, and that I do not have to disclose that reason to the experimenter.

Your signature below indicates that you understand this screening form and attest to its accuracy. If protocols require anonymous screening forms, then your signature on the Informed Consent Form will indicate compliance with this screening instrument.

Participant signature

Date

Witness

Date