



RADIOLOGY DIVISION OF MRI RESEARCH
PERSONNEL SCREENING FORM

IRB Number _____

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?
Had a piece of metal removed from your eye?
Are you pregnant or possibly pregnant?

Do you have any of these items in your body?

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

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

SIGNATURE _____ DATE _____

TECHNOLOGIST INITIALS _____