

VOLUNTEER MRI SAFETY SCREENING FORM

Please complete both sides

Volunteer name _____

Date of birth _____ Weight _____ kg Height _____ m

Please carefully check the following. Some items can interfere with MR examinations, and may be hazardous to your safety. Your answers will be kept strictly confidential.

IF YOU HAVE ANY QUESTIONS THEN PLEASE ASK US BEFORE YOUR SCAN

Do you have a heart pacemaker or pacing wires?	YES	NO
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Have you had any heart surgery?	YES	NO
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Have you had any surgery to your head (including eyes/ears/brain), neck or spine?	YES	NO
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Do you have any implanted devices (e.g. programmable hydrocephalus shunt, nerve stimulator, cochlea implant, aneurysm clip)?	YES	NO
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Have you had any operation involving metallic pins / plates / screws / wires?	YES	NO
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Have you had any other surgical procedure of any kind? (Please write details here)	YES	NO
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Have you ever sustained any injuries involving metal to the eyes or any other part of the body?	YES	NO
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Have you ever had a serious accident (e.g. road traffic accident, explosion injury, shooting, shrapnel injury?)	YES	NO
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Have you ever had a fit or blackout, or do you suffer from epilepsy or diabetes?	YES	NO
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Do you have any of the following (if yes please circle):		
Dentures with metal	Hearing aid	Artificial Limb or Prosthesis
Body piercing/jewellery	Nitro patch	Tattoos

FOR WOMEN OF CHILDBEARING AGE: Could you be pregnant?	YES	NO
Do you have an IUD (coil)?	YES	NO

Do you understand that this is a research scan and is not useful for diagnosis?	YES	NO
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Have you removed your watch, bankcards, spectacles, hearing aids, keys, coins, jewellery, hairgrips and eye make-up?	YES	NO
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IMPORTANT: NO METAL OBJECTS TO BE TAKEN INTO THE MAGNET ROOM

Volunteer signature _____ Date of study _____

Staff signature _____ OCMR 1.5T / OCMR 3T / FMRIB 3T