**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**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a heart pacemaker or pacing wires?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any heart surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any surgery to your head (including eyes/ears/brain), neck or spine?</td>
<td></td>
<td></td>
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<tr>
<td>Do you have any implanted devices (e.g. programmable hydrocephalus shunt, nerve stimulator, cochlea implant, aneurysm clip)?</td>
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<tr>
<td>Have you had any operation involving metallic pins / plates / screws / wires?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any other surgical procedure of any kind? (Please write details here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever sustained any injuries involving metal to the eyes or any other part of the body?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had a serious accident (e.g. road traffic accident, explosion injury, shooting, shrapnel injury?)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had a fit or blackout, or do you suffer from epilepsy or diabetes?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

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

Have you removed your watch, bankcards, spectacles, hearing aids, keys, coins, jewellery, hairgrips and eye make-up?  

- YES  
- NO

**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

Version Oct 2008

Last Reviewed: Oct 2008