

ALL IMPLANTS MAY BE HAZARDOUS TO YOUR HEALTH IN PRESENCE OF STRONG MAGNETIC FIELDS

I understand that I must remove all electronic items, or any items that have magnetic properties, including but not limited to the following: phones, beepers, fitbits, cameras, credit cards, watches, magnetic strip cards, etc.

I will not bring in any metal item into the MRI scan room during my scan, including but not limited to the following: keys, knife, coins, eyeglasses, jewelry, piercings, safety pins, hair clips, money/paper clips, mail clips, pens, toupees/ wigs/ weaves and any other metal apparel and any other objects that might be attracted to the magnet.

I understand I am required to wear earplugs and/or headphones during the MR scan.

I attest the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions about this form and ask questions regarding the MR procedure.

Signature of Research Participant

Date

MR SYSTEM USER ONLY:

1. MR System user reviewed the MR Safety Screening form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. MR System user discussed the potential MR side effects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Subject removed all jewelry, piercings, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Subject was verbally screened by MR user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Subject was wanded using metal wand detector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. MR System user asked subject if he/she has a pacemaker/implants?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of MR system user

Signature of MR system user