

# University of Texas Imaging Research Center MRI Visitor Screening Form



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

**NOTE: If you are a participant preparing to undergo an MR study, you are required to fill out a different form.**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial Month Day Year

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
Street Month Day Year

\_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
City State Zip

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?  Yes  No  
 If yes, please indicate the date and type of surgery:  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery: \_\_\_\_\_  
Month Day Year  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery: \_\_\_\_\_  
Month Day Year
2. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)?  Yes  No  
 If yes, please describe: \_\_\_\_\_
3. Have you ever been injured by a metallic object/foreign body (e.g., BB, bullet, shrapnel, etc.)?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**For female participants only**

4. Are you pregnant, or suspect that you are pregnant?  Yes  No



**WARNING:** Certain implants, devices, or objects may be hazardous to you while in the MR system room or MR environment. DO NOT ENTER the MR control or magnet room if you have questions or concerns regarding an implant, device or object.

**Please indicate if you have any of the following:**

- Yes  No Aneurysm clip(s)
- Yes  No Cardiac pacemaker
- Yes  No Implanted cardioverter defibrillator (ICD)
- Yes  No Electronic implant or device
- Yes  No Magnetically-activated implant or device
- Yes  No Neurostimulation system
- Yes  No Spinal cord stimulator
- Yes  No Cochlear, otologic, or other ear implant
- Yes  No Insulin or other infusion pump
- Yes  No Implanted drug infusion device
- Yes  No Any type of prosthesis (eye, penile, etc.)
- Yes  No Artificial or prosthetic limb
- Yes  No Any metallic fragment or foreign body
- Yes  No Any external or internal metallic object
- Yes  No Hearing aid  
*(Remove before entering MR system room)*
- Yes  No Other implant \_\_\_\_\_
- Yes  No Other device \_\_\_\_\_



**IMPORTANT INSTRUCTIONS**

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the experimenter if you have any questions or concerns BEFORE you enter the MR magnet or control room.

**NOTE: You are required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.**

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: \_\_\_\_\_

Form Information Reviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Printed Name Month Day Year