Purdue MRI Facility
Safety Screening Form

Name ______________________________________ **Date** ______________

Gender (M/F) _____ **Age** _______ **Weight** _______ **Height** _______

	Question	Yes	No
1.	Have you ever had an MRI?	☐	☐
2.	Have you ever had any previous MRI studies at the Purdue MRI Facility?	☐	☐
	• If yes, when was the last time? _______________________________		
3.	If you've ever had an MRI, did you experience any problems during the scan?	☐	☐
	• Please describe: ____		
4.	Have you ever worked with **metal** (grinding, fabrication, etc.) or had an injury to the eye involving a **metallic** object (e.g., metallic slivers, foreign body)?	☐	☐
5.	Have you ever been injured by a **metallic** object that may **NOT** have been completely removed (e.g., bullets, shrapnel, BBs)?	☐	☐
6.	Have you ever had surgery or any similar invasive procedure?	☐	☐
7.	Have you ever had a reaction to a contrast medium used for MRI or CT?	☐	☐
8.	Do you have claustrophobia (fear of closed places)?	☐	☐
9.	Have you been diagnosed with epilepsy/seizure?	☐	☐
10.	Is there any reason you would be unable to remain still for long periods of time?	☐	☐
11.	Is there any reason you feel you should not undergo an MRI exam today?	☐	☐
12.	**Women:** Are you or might you be pregnant?	☐	☐

Please indicate whether you have any of the following:

	Yes	No		Yes	No
Cardiac pacemaker	☐	☐	Any type of prosthesis (eye, penile)	☐	☐
Implanted cardiac defibrillator	☐	☐	Heart valve prosthesis/stents	☐	☐
Aneurysm clip	☐	☐	Shunt (spinal/intraventricular)	☐	☐
Neuro or Bone Stimulator	☐	☐	Wire sutures or surgical staples	☐	☐
Insulin or Infusion Pump	☐	☐	Bone/joint pin, screw, nail, plate	☐	☐
Implanted drug infusion device	☐	☐	Body tattoos	☐	☐
Cochlear, otologic or ear implant	☐	☐	Tattooed makeup (eyeliner, lip, etc.)	☐	☐
Prostate radiation seeds	☐	☐	Breast tissue expander	☐	☐
IUD (intrauterine device)	☐	☐	Hearing aids	☐	☐
Transdermal medicine patch (Nitro)	☐	☐	Body piercing(s)	☐	☐
Any metallic implants or objects	☐	☐	Internal electrodes or wires	☐	☐

If you answered **Yes** to any of the above questions, please provide a brief explanation: ____________________
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Reminder: Before entering the Console Room, please remove metallic objects including electronic devices, keys, jewelry, watches, credit cards, medication patches, piercings, hair pins, barrettes, safety pins, paper-clips, dentures, hearing aids, coins, pens, glasses, any other metallic objects (e.g., underwire bra, colored contact lenses, extensive eye make-up, etc.)

Participant/Parent/Guardian Signature: ___________________________________ **Date:** ____________

Primary Operator: ____ **Date:** ____________