


# CMU-Pitt BRIDGE\* Center - MRI Safety Screening

PI \_\_\_\_\_  Position/Tilt \_\_\_\_\_

Date (mm/dd/yyyy)	/ /	Time in:	Time out:		
Name (last, first)				Gender	F M
Birthdate (mm/dd/yyyy)	/ /	Tel	Weight #		
Email					



**WARNING:** The magnet of the MR system has a very **strong magnetic field** that is dangerous to a person entering the magnet room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. **The magnet is always on.**

<b>Metallic and electrical objects in your body</b>		Aneurism clip?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had a prior surgery or operation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Neuro stimulator?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been injured by a metallic object?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cardiac pacemaker?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Electronic, mechanical or magnetic implant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Implanted hearing aid?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Intravascular stents, filters, or shunts?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Denture work, brace?	<input type="checkbox"/> No <input type="checkbox"/> Yes

<p><b>Pre-existing medical conditions:</b> Do you have a medical history of developing <b>seizures</b>, <b>ear infections/ear problems</b> or currently suffering from <b>cold/flu symptoms</b>, <b>claustrophobic reactions</b>, or greater than normal potential for <b>anxiety</b> and/or cardiac arrest? Aware of any <b>brain anomalies</b>?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

<p><b>Metallic objects:</b> Please <b>Remove all metallic objects</b> before entering the magnet room including hearing aids, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, hair bands, belts, metal underwire bras. <i>Do not wear anti-microbial athletic clothing containing silver or gold threading.</i></p>	
Do you have any metallic or ferromagnetic object left on you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>IUD?</b> (3T compatible IUDs are: Mirena, Lippey Loop, and Liletta)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes

\_\_\_\_\_  
Signature of Subject/Guardian

\_\_\_\_\_  
Confirmation by MRI Operator