Northeastern University
Biomedical Imaging Center

3T MRI Visitor Screening Form

Today's Date: ____/____/______ **Name: ____**

1. Have you had an injury to the eye involving a metallic object or fragment (metallic slivers, foreign body, etc.)? ☐Yes ☐No
2. Do you have any metal fragments anywhere in your body (e.g., shrapnel, bullets or BB's)? ☐Yes ☐No
3. Have you recently had a small bowel procedure that required the ingestion of a "Pill Cam" capsule? ☐Yes ☐No
4. Have you ever had a prior surgical procedure of any kind? ☐Yes ☐No

   If yes, please indicate the type(s) of surgery and date(s):

   a. ____ b. ____

   c. ____ d. ____

5. Are you pregnant or suspect that you may be pregnant? ☐Yes ☐No

Some of the following items may be hazardous to your safety inside the MRI environment.
Please check the correct answer for each of the following:

Item	Yes	No
Cardiac pacemaker, cardiac defibrillator (ICD), internal electrodes or pacing wires	☐Yes	☐No
Implantable loop recorder	☐Yes	☐No
Heart valve or any stents (cardiac, carotid, biliary, renal, vascular, etc.)	☐Yes	☐No
Aneurysm clips or embolization coils	☐Yes	☐No
Shunt (spinal or intraventricular)	☐Yes	☐No
Tissue expander (e.g., breast)	☐Yes	☐No
Penile implant	☐Yes	☐No
Spinal fusion	☐Yes	☐No
Clips, coils, staples, mesh or surgery to any of vessels (vascular clamp, aortic clips, hernia mesh etc.)	☐Yes	☐No
Blood clot filter (e.g., Greenfield, Bird's Nest etc.)	☐Yes	☐No
Implanted medical device/pump (insulin or other medication pump, powerport, bone stimulator etc.)	☐Yes	☐No
Joint replacement	☐Yes	☐No
Artificial or prosthetic limb	☐Yes	☐No
Eye surgery/implant (cataracts, eyelid spring, wire, etc.)	☐Yes	☐No
Inner ear surgery or implant (cochlear, stapes, etc.)	☐Yes	☐No
Hearing aid (**remove before entering MR room**)	☐Yes	☐No

IMPORTANT INSTRUCTIONS:

Before entering the MR environment, you must remove all metallic objects including hearing aids, keys, 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, firearms, nail clipper, tools, and steel-toed boots.

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

Signature of person completing form: ________________________________ Date: ____/____/______

Signature of MRI scanner operator: ________________________________ Date: ____/____/______