

VISITOR MRI SAFETY SCREENING FORM

For persons who enter the magnet area but will not be scanned themselves

Visitor name: _____

Department / Company / Organisation _____

For safety reasons it is important that we know if you have, or have ever had, any of the following before entry is permitted into this part of the building. Clearly mark your answers with a circle. Answers will be kept confidential. If you have any questions please ask

Do you have a heart pacemaker or pacing wires?	YES	NO
Have you had any heart surgery?	YES	NO
Have you had any surgery to your head (including eyes/ears/brain), neck or spine?	YES	NO
Do you have any implanted devices (e.g. programmable hydrocephalus shunt, nerve stimulator, cochlea implant, aneurysm clip)?	YES	NO
Have you had any operation involving metallic pins / plates / screws / wires?	YES	NO
Have you ever had any other surgical procedure of any kind or gastroscopy including capsule endoscopy (PillCam ®) (Please write them here)	YES	NO
Have you ever sustained any injuries involving metal to the eyes or any other part of the body?	YES	NO
Have you ever had a serious accident (e.g. road traffic accident, explosion injury, shooting, shrapnel injury?)	YES	NO
Have you ever had a fit or blackout, or do you suffer from epilepsy or diabetes?	YES	NO
Do you have any of the following (if yes please circle):		
Body/dermal piercing/jewellery	Hearing aid	Tattoos
Dentures, dental implants	Skin patches (nicotine, pain, contraceptive, HRT, nitro)	Artificial limbs, prosthesis, braces, splints or supports
FOR WOMEN OF CHILDBEARING AGE:	Do you have an IUD (coil)?	YES NO
	Could you be pregnant?	YES NO
Have you removed your watch, ID card, wallet, bank cards, mobile phone, spectacles, hearing aids, keys, coins, jewellery, hair grips?	YES	NO

IMPORTANT: NO METAL OBJECTS TO BE TAKEN INTO THE MAGNET ROOM

For your safety you will be supervised at all times

Visitor signature: _____ Date: _____

For admin use

Screened by

Signature:

Print name: