BROWN UNIVERSITY MRF MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR NON-VOLUNTEERS*

The MR system has a very powerful 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, <u>all</u> individuals are required to fill out this form BEFORE entering the MR environment or MR system room.

*NOTE: If you are a volunteer preparing to undergo an MR examination, you are required to fill out a different form.				
Date// Name	Last Name	First Name	Middle Initial	Age
Address		Telephone (home) ()
City	Telephone (work) (none (work) ()
State Zip Code				
 Have you ever had surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? If yes, please indicate date and type of surgery: Date// Type of surgery Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, 				
shavings, foreign body, etc.)?			inc silvers,	□ No □ Yes
If yes, please describe:				
Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. If you have any question regarding an implant, device, or object, please discuss this with the MRI Technologist or Radiologist BEFORE entering the MR environment or MR system room.				
MRI Technologist or Radiologist BEFORE entering the MR environment or MR system room. Rease indicate if you have any of the following: Yes				
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	Signature		Date	e/
Form information reviewed by:	Print name		Signatu	re