

**BANGOR BRAIN IMAGING UNIT**  
**MR Safety Screening Questionnaire**

To be completed by ANYONE entering the Magnet Room.

Shaded boxes need to be filled in by participants undergoing a scan only.

Name	BANGOR BRAIN IMAGING UNIT no. (Staff Use Only)
Phone number	Date of birth
Email address	Weight (kg)

MR scanning uses strong magnetic fields. For your own safety and the safety of others it is very important that you do not go into the Scanner Room with any metal in or on your body or clothing.

Please answer the following questions carefully and ask if anything is not clear. All information is held in the strictest confidence.

Circle one answer for each question.

1. Do you have a pacemaker or artificial heart valve?  
Y/N
2. Do you have aneurysm clips (clips put around blood vessels during surgery)?  
Y/N
3. Do you have any implants in your body (e.g., replacement joints, drug pumps, metal pins, plates, coronary stents, breast implants etc)?  
Y/N
4. Have you ever had any metal fragment in your eyes?  
Y/N
5. Have you ever worked with metal (e.g., grinding, machining, welding) without eye protection?  
Y/N
6. Do you have any metal or shrapnel fragments anywhere in your body?  
Y/N
7. Do you have an indwelling catheter in your body?  
Y/N
8. Have you ever had an operation on your head, spine, or chest?  
Y/N
9. Have you ever had any surgery (if yes, please give brief details)?  
Y/N

Details: \_\_\_\_\_

10. Do you have any implanted electrical devices (e.g., hearing aid, cochlear implant, nerve stimulator)?  
Y/N
11. Have you ever had an MRI scan before?  
Y/N
12. Do you wear dentures, a dental plate, or a brace (not fillings)?  
Y/N
13. Do you have any transdermal patches (skin patches)?  
Y/N
14. Do you have any tattoos or body piercings?  
Y/N
15. Is there any possibility that you could be pregnant?  
Y/N
16. Are you susceptible to claustrophobia?  
Y/N
17. Do you have hypertension (high blood pressure) sufficient to require medication?  
Y/N
18. If Yes to 17, has your hypertension been adequately treated by medication?  
Y/N
19. Have you had or do you have any heart problems?  
Y/N
20. Do you have an impaired ability to perspire?  
Y/N
21. Do you have reduced thermal regulatory capabilities or an increased sensitivity to raised body temperature?  
Y/N
22. Do you suffer from any other medical condition that might be relevant? (e.g., epilepsy, diabetes, asthma)?  
Y/N

Details: \_\_\_\_\_

- I confirm that before entering the Magnet Room, I will:
  - remove all metal including coins, keys, lighters, body-piercings, jewellery, watches, wigs/hairpieces, clothing with zips and/or metal buttons, false teeth, hearing aids etc.;
  - remove all cosmetics;
  - remove all prostheses (e.g., prosthetic limbs);
  - turn off and remove mobile phones;
  - ensure that I am not wearing damp clothing
  - conform with the operator's instructions in regard to the above
- I confirm that the above information is accurate to the best of my knowledge. I have read and understood this form and the information sheet and have had the opportunity to ask questions regarding their contents and the MRI procedure that I am about to undergo.
- I acknowledge that BANGOR BRAIN IMAGING UNIT has taken reasonable precautions to screen for potential difficulties and is not liable for any event that might result from incorrect answers to the above.

Signature:	Date
Verified by (BANGOR BRAIN IMAGING UNIT Staff Member)	Date
Name	Signature