

Athinoula A. Martinos Imaging Center

Visitor / Researcher Screening Form

NOT *for imaging*

Name: _____

Principal Investigator: _____

I have / had / am	YES	NO	IF YES, Please Explain
Surgical Aneurysm Clips	_____	_____	_____
Cardiac Pacemaker	_____	_____	_____
Prosthetic Heart Valve	_____	_____	_____
Neurostimulator	_____	_____	_____
Implanted Pumps	_____	_____	_____
Cochlear Implants	_____	_____	_____
Metal rods, Plates, Screws	_____	_____	_____
Previous Surgery (What type?)	_____	_____	_____
IUD	_____	_____	_____
Hearing Aid, Dentures	_____	_____	_____
Injury to eye (metal??)	_____	_____	_____
Pregnant	_____	_____	_____

Everyone in the magnet room during imaging **MUST** wear ear plugs

If yes to any of the questions, please explain:

I hereby state that the above is true to the best of my knowledge

Signature: _____ Date: _____