

## MR Environment Screening Questionnaire

Failure to disclose information could lead to serious injury or death.

This questionnaire is used to screen staff, visitors, or service personnel intending to enter the MR Environment. It doesn't cover hazards that are present during scanning, as such it should not be used for patients, volunteers, or carers/guardians accompanying patients during their scans.

Question (MR Environment)	Yes	No	Details / Comments
A1. Do you / have you had a cardiac pacemaker or implantable cardioverter defibrillator (ICD)?	<input type="checkbox"/>	<input type="checkbox"/>	
A2. Have you ever had surgery on your brain, head, spine, and/or heart (other than cataracts)?	<input type="checkbox"/>	<input type="checkbox"/>	
A3. Have you ever had any operations or procedures (including endoscopy or colonoscopy) that have left any metal, and/or artificial implants in you (including electronic, passive, or non-medical devices)?	<input type="checkbox"/>	<input type="checkbox"/>	
A4. Have you ever had metal fragments, bullets or shrapnel enter your body (including eyes)?	<input type="checkbox"/>	<input type="checkbox"/>	
A5. Have you ever swallowed a camera pill ("Pillcam") to investigate your bowel?	<input type="checkbox"/>	<input type="checkbox"/>	
A6. Do you wear any form of external/wearable medical device (e.g. drug delivery patches, glucose monitors, and/or hearing aids)?	<input type="checkbox"/>	<input type="checkbox"/>	
A7. Is there a chance you may be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
A8. Do you have irremovable piercings, metallic or magnetic hair or eyelash extensions?	<input type="checkbox"/>	<input type="checkbox"/>	

### Statement (Read, and Agree by Signing)

C1. I confirm that the information I have provided is correct to the best of my knowledge, I understand the risks, and I consent to the scan proceeding. Before entering the scan room, I will remove any loose metal objects from my person (including hearing aids). I will not take any equipment into the scan room unless its safety has been verified with a Radiographer first.

<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			
<b>MRI Authorised Person Signature:</b>			