# GSU/GT Center for Advanced Brain Imaging

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## MAGNETIC RESONANCE SCREENING FORM- Child Version

**The MR suite contains a very strong magnet. Some metal objects can interfere with your child's scan or even be dangerous. Before your child is allowed to enter, we must know there are any metal objects in his/her body or whether he/she has experienced any of the conditions listed below. Please answer the following:**

| *Yes* | *No* | | *Yes* | *No* | |
|---|---|---|---|---|---|
| ☐ | ☐ | Metal fragments in your child's eyes | ☐ | ☐ | Tissue expander (Breast) |
| ☐ | ☐ | Cardiac pacemaker | ☐ | ☐ | Aneurysm clip |
| ☐ | ☐ | Any type of internal electrode(s) Pacing wires, Cochlear Implant, etc... | ☐ | ☐ | Implanted insulin pump |
| ☐ | ☐ | Swan-Ganz catheter | ☐ | ☐ | Halo vest or metallic cervical fixation device |
| ☐ | ☐ | Hearing aid | ☐ | ☐ | Any type of intravascular coil, filter or stent |
| ☐ | ☐ | Implanted drug injection device | ☐ | ☐ | Any type of foreign body, shrapnel or bullet |
| ☐ | ☐ | Heart valve prosthesis | ☐ | ☐ | Any type of ear implant |
| ☐ | ☐ | Penile prosthesis | ☐ | ☐ | Any type of surgical clip or staple |
| ☐ | ☐ | Vascular access port | ☐ | ☐ | Intraventricular shunt |
| ☐ | ☐ | Artificial limb or joint | ☐ | ☐ | Dentures or braces |
| ☐ | ☐ | Diaphragm (in place), IUD | ☐ | ☐ | Latex allergies |
| ☐ | ☐ | Neurostimulator | ☐ | ☐ | Wire mesh |
| ☐ | ☐ | Any type of electronic, mechanical or magnetic implant | ☐ | ☐ | Implanted cardiac defibrillator |
| ☐ | ☐ | Any implanted orthopedic items *(e.g. pins, rods, screws, nails, clips, plates, wire, etc...)* | ☐ | ☐ | Medication patch |
| ☐ | ☐ | Tattoo or tattooed makeup, such as eyeliner | ☐ | ☐ | Amateur or prison tattoo |
| ☐ | ☐ | Sickle cell anemia | ☐ | ☐ | Epilepsy/seizure |


**WARNING:** ***Certain implants, devices, or objects may be hazardous to your child during MR and/or may interfere with the MR procedure. Your child must not enter the MR environment until your questions and concerns regarding an implant, device or object are satisfied. Tell the MR Technologist BEFORE your child enters the MR environment if you have any concerns. The MR system is ALWAYS turned on, so please help us to be sure your child is safe.***

## Page 2: Magnetic Resonance Screening Form

| | |
|---|---|
| [ ] Yes<br>[ ] No<br>[ ] N/A | If your child is female: Do you suspect that she is pregnant? |
| [ ] Yes<br>[ ] No | Has your child ever had surgery? |
| [ ] Yes<br>[ ] No | If your child has had surgery, were any metal, metallic, and/or medical devices implanted? |
| [ ] Yes<br>[ ] No | Has your child ever been injured by any metallic foreign body {e.g., bullet, BB, shrapnel, etc}? |
| [ ] Yes<br>[ ] No | Has your child ever had an eye injury involving a metal object, such as metallic slivers, shavings, foreign body, etc.? |

**YOUR CHILD'S BIRTHDATE, CURRENT WEIGHT AND HEIGHT**

| Date of Birth (MM/DD/YYYY) | Weight (Pounds) | Height (Feet, Inches) |
|---|---|---|
| | | |

## IMPORTANT INSTRUCTIONS FOR YOUR SAFETY

***Before entering the MR environment, your child must remove all metallic objects including hearing aids, dentures, removable partial plates, keys, beeper, mobile phone, eyeglasses, hair pins, barrettes, jewelry, body piercing, watch, safety pins, paper clips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocketknife, nail clipper, tools, shoes, clothing with metal fasteners (excluding pants & bra).***

**I attest that the above information about my child is correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that my child is about to undergo.**

| Signature of Legal Guardian Completing Form: | Date (MM/DD/YYYY) |
|---|---|
| | |

_____ _____

Print Your Name Print Child's Name

**For Office Use Only**

**Notes on any checked items:** _____

_____

_____

_____

**For Experimenter Use Only:**

Name of Project: _____

Principal Investigator: _____

Researcher(s): _____

Person obtaining screening: _____

Screening date & time: _____