**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:

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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<td>Metal fragments in your child’s eyes</td>
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<td>Cardiac pacemaker</td>
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<td>Any type of internal electrode(s) Pacing wires, Cochlear Implant, etc…</td>
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<td>Swan-Ganz catheter</td>
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<td>Hearing aid</td>
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<td>Implanted drug injection device</td>
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<td>Heart valve prosthesis</td>
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<td>Vascular access port</td>
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<td>Artificial limb or joint</td>
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<td>Diaphragm (in place), IUD</td>
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<td>Neurostimulator</td>
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<td>Any type of electronic, mechanical or magnetic implant</td>
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<td>Any implanted orthopedic items (e.g. pins, rods, screws, nails, clips, plates, wire, etc…)</td>
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<td>Tattoo or tattooed makeup, such as eyeliner</td>
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<td>Sickle cell anemia</td>
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**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

If your child is female: Do you suspect that she is pregnant?  
[ ] Yes  [ ] No  [ ] N/A

Has your child ever had surgery?  
[ ] Yes  [ ] No

If your child has had surgery, were any metal, metallic, and/or medical devices implanted?  
[ ] Yes  [ ] No

Has your child ever been injured by any metallic foreign body (e.g., bullet, BB, shrapnel, etc)?  
[ ] Yes  [ ] No

Has your child ever had an eye injury involving a metal object, such as metallic slivers, shavings, foreign body, etc.?  
[ ] Yes  [ ] No

YOUR CHILD’S BIRTHDATE, WEIGHT, HEIGHT

<table>
<thead>
<tr>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Weight (Pounds)</th>
<th>Height (Feet, Inches)</th>
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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: ____________________________