

# **CMRR Employee/Researcher Screening Form**

(Not to be used as a patient/volunteer screening form)

(A new form should be submitted if you have any changes over the course of your tenure at CMRR)

Name \_\_\_\_\_ x500 \_\_\_\_\_

Department \_\_\_\_\_ e mail \_\_\_\_\_

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?  No  Yes  
If yes, please indicate date and type of surgery:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_

2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)?  No  Yes  
If yes, please describe: \_\_\_\_\_

3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  No  Yes  
If yes, please describe: \_\_\_\_\_

4. By signing below you acknowledge that if you are pregnant, suspect that you are pregnant, or become pregnant while working at CMRR that the American College of Radiology guidelines permit work in and around MR scanners throughout all stages of pregnancy but do not recommend being in the scanner room during image acquisition.

**Please indicate if you have any of the following:**

- Yes  No Aneurysm clip(s)
  - Yes  No Cardiac pacemaker
  - Yes  No Implanted cardioverter defibrillator (ICD)
  - Yes  No Electronic implant or device
  - Yes  No Magnetically activated implant or device
  - Yes  No Neurostimulation system
  - Yes  No Spinal cord stimulator
  - Yes  No Cochlear implant or implanted hearing aid
  - Yes  No Insulin or infusion pump
  - Yes  No Implanted drug infusion device
  - Yes  No Any type of prosthesis or implant
  - Yes  No Artificial or prosthetic limb
  - Yes  No Any metallic fragment or foreign body
  - Yes  No Any external or internal metallic object
  - Yes  No Hearing aid
- (Remove before entering the MR system room)
- Yes  No Other implant \_\_\_\_\_

If you have any questions or concerns about this form either now or in the future, please do not hesitate to contact the CMRR Safety Officer (ande2445@umn.edu).

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Reviewed by _____	Signature _____	Date ____/____/____
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