CMRR Employee/Researcher Screening Form
(Not to be used as a patient/volunteer screening form)

Name_____ x500 _____

Department _____

Subjects you will be working with (Non-human /Human/None) _____

If working with non-human subjects what species _____

Will your research involve controlled Substances _____ If yes, please list
_____

Email _____

Approximate Duration of Study (6 months/2 years/etc.) _____

Who are you working for/with _____

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_____
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. Are you pregnant or suspect that you are pregnant?   □ No   □ Yes

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_____

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 ____/____/_____