

CMRR Tour Screening Form

(Anyone taking a tour of CMRR)

The following items may be hazardous to your safety, or may be damaged, while touring CMRR. Please indicate if you have/had any of the following:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cardiac pacemaker |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted cardiac defibrillator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Carotid artery vascular clamp |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Intravascular stents, filters, or coils |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aortic clip |
| | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Internal pacing wires |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aneurysm clip(s) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neurostimulator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Electrodes (on body, head, or brain) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart valve prosthesis |
| | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insulin pump or infusion device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any implant held in place by a magnet |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cochlear, otologic, or ear implant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hearing Aid (must be removed) |

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.

Name

Signature

Date: ____/____/____