

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:

Yes No Cardiac pacemaker
 Yes No Implanted cardiac defibrillator
 Yes No Carotid artery vascular clamp
 Yes No Intravascular stents, filters, or coils
 Yes No Aortic clip

Yes No Internal pacing wires
 Yes No Aneurysm clip(s)
 Yes No Neurostimulator
 Yes No Electrodes (on body, head, or brain)
 Yes No Heart valve prosthesis

Yes No Insulin pump or infusion device
 Yes No Any implant held in place by a magnet
 Yes No Cochlear, otologic, or ear implant
 Yes 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: ___ / ___ / ___