

University of Sheffield MRI Unit (RHH)

Staff / Visitor's Screening Form

Name.....

Date.....

Have you ever had any surgery to your heart? YES / NO

Have you ever had any operations to your brain? YES / NO

Have you ever had any metal fragments in your eyes? YES / NO

Do you have an electronic implant in your body? YES / NO

Have you had any surgery in the last 2 months? YES / NO

Do you have any metallic implants or any other metallic objects
other than those mentioned above? YES / NO

If so please specify.....

Ladies Only:

Could you be pregnant?

YES / NO

PLEASE NOTE: If you have answered yes to any of the above questions you may not be allowed into the scanning room with the patient.

Members of staff and visitors must remove bleeps, watches, hearing aids, credit cards, mobile phones and any loose metallic object such as keys, scissors or money.

If you understand these restrictions please sign below:

Signature

Relationship to patient

Name of patient