Please email this completed form to ResearchImaging@unsw.edu.au. Please also bring this form with you to your appointment. The MRI Scanner has a very strong magnetic field that is ALWAYS ON. It can be hazardous to all individuals entering the MRI room with certain metallic, electronic, magnetic or mechanical devices, implants or objects. All individuals are required to fill out and sign this form BEFORE entering the MRI room.

Please answer the following questions and if you answer yes to anything in questions 1 - 3 or you do not understand any of the questions, please contact the MRI unit at ResearchImaging@unsw.edu.au.

1. Please indicate if you have any of the following:
   - Cardiac pacemaker / defibrillator
   - Aneurysm clip / coil
   - Neuro-stimulator
   - Cochlear / Stapes implant
   - Vascular implants
   - Heart Valve replacement
   - Implanted mechanical /magnetic device
   - Drug infusion device / Patches
   - Surgical clips
   - Shrapnel Injury
   - Magnetic Implant
   - Any Metal Implant (knee, hip)
   - Any other metal implant in or on the body
   - Body / Eye tattoos / Piercings
   - Are you Claustrophobic?

2. Have you ever had an injury to the eyes involving a metallic object or fragment? (e.g. welding accident or shrapnel)
   - Yes
   - No
   (if yes plain orbit radiographs may be required prior to the MRI examination)

3. Are you or could you be pregnant?
   - Yes
   - No

4. Have you had any operations or surgery?
   - Yes
   - No
   If Yes, please give details. Include details of implanted item make and model numbers if possible
   Surgery: ________________________________ Date: ________________________________

IMPORTANT: Remove all metallic foreign bodies including hearing aids, pagers, mobile phones, keys, hair pins, any non-precious metal jewelry, watch, safety pins, paper clips, wallets, items with magnetic strips, pens, knives, scissors and any other loose metallic items.

DO NOT TAKE ANYTHING INTO THE SCAN ROOM WITHOUT ASKING THE RADIOGRAPHER.

If you are concerned about anything on this form, please consult the MRI Radiographer before you enter the MRI scanner room. I confirm 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.