

MRI SAFETY SCREENING FORM*

Section A: Project Information (To be filled by project member)

PI's Name: _____ Project No.: _____ Subject No.: _____ Coil & OEM: _____

Section B: Subject Information

Name: _____ HKID / Passport No. (First 4 digits): _____

Sex: _____ Date of Birth (DD/MM/YY): _____ Height (cm): _____ Weight (kg): _____

WARNING: THE MRI SYSTEM MAGNET IS ALWAYS ON!

- Your safety is important to us. Many items are **CONTRAINDICATED** in **HIGH MAGNETIC FIELD**.
- Certain implants, devices, or objects may be **HAZARDOUS** to you and/or may interfere with the MR scan.
- If you have any questions or concerns regarding an implant, device, or object, **DO NOT ENTER** MRI restricted area. Please **CONSULT** the MRI operator or UBSN staff.

Section C: Safety Questionnaire

Please carefully read the following questions and tick the appropriate answers.

Do you have:

- Any prior surgery? ☐ No ☐ Yes, Details & Date: _____
- Any chronic illness? ☐ No ☐ Yes, Details: _____
- Any related imaging exams (MRI, CT, etc) done before?
☐ No ☐ Yes, Details & Date: _____
- Any need for walking aids? ☐ No ☐ Yes, Wheelchair ☐ Yes, Stretcher
- Any difficulty lying flat on your back? ☐ No ☐ Yes

Please indicate if you have or have had any of the following: (Please tick Yes, No, or Not Sure)

		Yes	No	Not Sure
1	Eye injury by metal			
2	Body injury by metallic object (e.g. Bullet, shrapnel, etc.)			
3	Brain aneurysm clip			
4	Cardiac pacemaker / defibrillator			
5	Neurostimulator			
6	Electronic Device / Implant (e.g. Pill cam, Infusion Pump, etc.)			
7	Shunt			
8	Stent / filter / coil			
9	Cochlear (middle ear) implant			
10	Hearing aid			
11	Eye implant / eyelid spring / wire			
12	Metal rod / pin / screw / joint replacement			
13	Prosthesis (e.g. Artificial Heart Valve, Eye, Limb, Penile, etc.)			

***Personal Information Collection Statement:** The personal information collected is for your examination registration. It will be kept confidential, and only authorised staff members of PolyU will have access to and handle your personal data. No information will be disclosed or transferred to others without your written permission, except (1) if necessary to protect your rights or welfare, and (2) if required by law.

		Yes	No	Not Sure
14	Breast tissue expander			
15	Glucose monitoring sensor / medication patch			
16	IUD / contraceptive diaphragm / vaginal pessary			
17	Tattoo / permanent makeup			
18	Denture / dental retainer / dental brace / dental implant			
19	Accessory / body piercing / wig			
20	Cosmetic coloured contact lenses			
21	Known or possible Pregnancy First day of the Last Menstrual Period (DD/MM/YY): _____			
22	Claustrophobia			

If you answered "Yes" to any of the above, please provide details (e.g., type of material, etc.) below:

Section D: Important Instructions

Before entering the MRI scanning room, you will be required to

1. **Remove all metallic objects**, including but not limited to: hearing aids, dentures, keys, beepers, cell phones, eyeglasses, hair pins, jewellery, watches, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocketknives, nail clippers, tools, and clothing with metallic threads
2. Change into a **cotton gown**.
3. Leave belongings in the lockers provided
4. Consult the MRI operator or UBSN staff if you have any questions or concerns.

Section E: Declaration

- ☐ I **voluntarily** provide the above information and attest that it is **correct** to the best of my knowledge.
- ☐ I have **read and understand** the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Subject/ Parent/ Guardian's Signature: _____ Name in Block Letters: _____
Relationship: ☐ Subject / ☐ Father/ ☐ Mother / ☐ Guardian

Secondary User's Signature: _____ Name in Block Letters: _____

Primary User's Signature: _____ Name in Block Letters: _____

Date: _____