Exam 6
MRI Exclusion Form

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

1. Exclude based on weight? ○ Yes ○ No

   Weight (imported from anthropometry form):

   ☐☐☐.☐ lbs

   If over 300 lbs, then exclude from MRI

2. **Do you have . . .** (Mark all that apply)

○ Yes*	○ No	Cardiac Pacemaker and/or Automatic Implantable Defibrillator
○ Yes*	○ No	Cerebral aneurysm clip
○ Yes*	○ No	Neurostimulator
○ Yes*	○ No	Cochlear, otologic, or other ear implant
○ Yes*	○ No	Magnetically or electrically activated device? (Insulin or infusion pump)
○ Yes*	○ No	Exposure to metal fragments in or around the eyes? Or work with metal such as arc-welding, grinding, drilling metal, tool and die work

3. **Or are you . . .** (Mark all that apply)

○ Yes*	○ No	Pregnant or at risk for pregnancy
○ Yes*	○ No	Severely claustrophobic (see Claustrophobia protocol)
○ Yes*	○ No	Having difficulty lying flat or breathing

Clinic Staff: Please note that single-starred responses exclude the participant from MRI for all ancillary studies (Atrial Fibrillation, PET, Tissue Sodium, and Memory/Alzheimer's Disease).