



## Exam 7

### Brain MRI

### Exclusion

Participant ID #:          Acrostic:

Technician ID:     Date:   /   /       
Month Day Year

1. Exclude based on weight?  Yes  No

Weight    .  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

4. Have you ever had a craniotomy?

- Yes\*\*  No

**\*Clinic Staff: Please note that single-starred responses exclude the participant from MRI for all MESA activities.**

**\*\*Clinic Staff: Double-starred items do not automatically exclude the participant from MRI, but require further investigation.**