

This form is to be used for a **FINAL CHECK** of research participants before entering the MRI scanner.

Scan Number: \_\_\_\_\_



Review the 'Neuroimaging: Participant Safety Questionnaire' ☐ Yes



Before entering the room, check ALL items below.

## Visual confirmation of removal:

*"Do you have XXX? If yes, show me where it is/they are"*

		Yes	N/A
Head	Glasses/coloured contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
	Hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
	Removable dentures/dental work	<input type="checkbox"/>	<input type="checkbox"/>
	Hair clips	<input type="checkbox"/>	<input type="checkbox"/>
	Wigs	<input type="checkbox"/>	<input type="checkbox"/>
	Jewellery: <i>Check for earrings, chains/necklaces/other piercings</i>	<input type="checkbox"/>	<input type="checkbox"/>
Body	Watch/bracelets	<input type="checkbox"/>	<input type="checkbox"/>
	Removable leg/arm brace?	<input type="checkbox"/>	<input type="checkbox"/>
	Nicotine/medical patch removed	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	Clothing with metal: <i>(i.e. underwire bra, metal buttons)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Remove belt	<input type="checkbox"/>	<input type="checkbox"/>
	Shoes: <i>Check for metallic element, look for anklet</i>	<input type="checkbox"/>	<input type="checkbox"/>
	All pockets (and hidden pockets) are empty	<input type="checkbox"/>	<input type="checkbox"/>
Loose items	Double check for mobile phone, keys/coins/cards & any other loose items: <i>Pens, safety pins, paper clips etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>