INITIAL SCREENING FORM

NAME OF PARTICIPANT …… Sex: M / F

Date of birth…… Approximate weight in kg…… Approximate height in cm…….

Please read the following questions CAREFULLY and provide answers. For a very small number of individuals, being scanned can endanger comfort, health or even life. The purpose of these questions is to make sure that you are not such a person.

You have the right to withdraw from the screening and subsequent scanning if you find the questions unacceptably intrusive. The information you provide will be treated as strictly confidential and will be held in secure conditions.

	Delete as appropriate
1. Have you been fitted with a pacemaker or artificial heart valve?	YES/NO
2. Have you any aneurysm clips, shunts or stents in your body or a cochlear implant?	YES/NO
3. Have you ever had any metal fragments in your eyes?	YES/NO
4. Have you ever had any metal fragments, e.g. shrapnel in any other part of your body?	YES/NO
5. Have you any surgically implanted metal in any part of your body, other than dental fillings and crowns (e.g. joint replacement or bone reconstruction)	YES/NO
6. Have you ever had any surgery that might have involved metal implants of which you are not aware?	YES/NO
7. Do you wear a denture plate or brace with metal in it?	YES/NO
8. Do you wear a hearing aid?	YES/NO
9. Do you use drug patches attached to your skin?	YES/NO
10. Have you ever suffered from any of: epilepsy, diabetes or thermoregulatory problems?	YES/NO
11. Have you ever suffered from any heart disease?	YES/NO
12. Is there any possibility that you might be pregnant?	YES/NO
13. Have you been sterilised using clips?	YES/NO
14. Do you have a contraceptive coil (IUD) or other contraceptive implants installed?	YES/NO
If yes, please provide details: _____	
15. Are you currently breast-feeding an infant?	YES/NO

Please enter below the name and address of your UK doctor (general practitioner).

I have read and understood the questions above and have answered them correctly.

SIGNED…… DATE……
(for children under 18 years: signature by a parent or guardian)

In the presence of …….. (name) ……..(signature)

Address of witness, if not the experimenter: