

Pre-enrolment Officer

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MRSA Screening Information Form

Student Details
Name:
Student Number:
Course accepting offer for (please circle):
DMD
DPM
MD
MPharm
MRSA
Have you been in a hospital out with Western Australia in the past 12 months?
Please circle:
Yes
No
Signed:
Dated:

Please send this form to the Pre-enrolment Officer at the above address.