



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.