



THE UNIVERSITY OF  
WESTERN AUSTRALIA

Pre-enrolment Officer

Faculty of Medicine, Dentistry & Health Sciences

M501, The University of Western Australia

35 Stirling Highway, Crawley WA 6009

T +61 8 6488 4854

F +61 8 6488 4848

E [preenrolment-fmdhs@uwa.edu.au](mailto:preenrolment-fmdhs@uwa.edu.au)

CRICOS Provider Code: 00126G

## MRSA Screening Information Form

### Student Details

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

### Course (please tick):

DMD (Dentistry)

DPM (Podiatry)

MD (Medicine)

MPharm (Pharmacy)

### MRSA

Have you been in a hospital outside of Western Australia in the past 12 months?

Please tick:

Yes (If you tick "yes", please arrange for an MRSA test with your GP)

No

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

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