

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 CRICOS Provider Code: 00126G

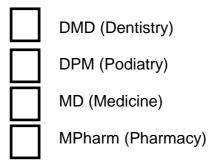
MRSA Screening Information Form

Student Details

Name: _____

Student Number: _____

Course (please tick):



<u>MRSA</u>

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.