

**DIAGNOSTIC IMAGING
UCD SCHOOL OF MEDICINE & MEDICAL SCIENCE**

**Health Form for ERASMUS radiography students undertaking clinical placements in
Ireland.**

Name: _____
Date of Birth: _____
Current Institution: _____

It is important that you are properly protected from infectious disease during your attachment. The questionnaire below will help assess your fitness to undertake clinical placements during the course of your study.

MRSA

MRSA		Date
Result of nasal swab (+/- other swab)	Please include original or copy microbiology result.	

The MRSA test should be undertaken within a 30 day period before the commencement of the exchange. Results performed before this time will not be accepted.

DECLARATION

Student:

I declare that the above answers are true and complete to the best of my knowledge and belief. I understand that acceptance into the ERASMUS radiography programme at UCD is subject to completion of this form.

Signature of Student: _____

Date: _____

Doctor:

I certify that the information included about the above student is correct.

Signed: _____

Name (block capitals): _____

Position: _____

Date: _____

Practice Stamp

PLEASE NOTE: Insufficient information will require further enquiries and will delay the application.
RETURN TO: Jonathan McNulty, ERASMUS Programme Co-ordinator, Health Sciences Building, UCD Belfield, Dublin 4, Ireland. *Results should be received at least 2 weeks before commencement.*