FARRER PARK HOSPITAL

FARRER PARK MEDICAL CENTRE

Appendix 5

List of Core and Specialised Procedures for Infectious Diseases

Please list the procedures that you are performing (if any) for review by the Farrer Park Hospital and/or Farrer Park Medical Centre and/or Medical Boards. Further information and/or interview may be requested after the review.

PROCEDURES

Signature of applicant: _____ **Date:** _____