

**APPENDIX 2b**

**MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT  
APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM**

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Name of Applicant (Print or Type)

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the Hawaii Pacific University Diving Safety Officer and Diving Control Board or their designee at (place) \_\_\_\_\_ on (date) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_