UMB DIVING:  
MEDICAL EVALUATION OF FITNESS FOR   
SCUBA DIVING REPORT

RELEASE FORM

*(To Be Completed by Applicant)*

Name of Applicant *(Please Print or Type)*

DOB:

Phone:

Email:

I authorize the release of this information and all medical information subsequently acquired in association with my diving to The University of Massachusetts Boston’s Diving Safety Officer and Diving Control Board or their designee at The University of Massachusetts Boston, 100 Morrissey Blvd, Boston, MA 02125

Signature of Applicant

Date