



**UNB SCUBA DIVING SAFETY MANUAL**

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\_\_\_\_\_  
Signature

\_\_\_\_\_ M.D. \_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Emergency Phone Number

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**APPLICANT'S RELEASE TO MEDICAL INFORMATION FORM**

*I authorize the release of this information and all medical information subsequently acquired in association with my diving to the University of New Brunswick, Diving Safety Officer.*

\_\_\_\_\_  
On Date \_\_\_\_\_

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