



University of Hawai'i at Hilo

The Daniel K. Inouye College of Pharmacy

Consent for the Release of Medical Information

I understand that the Daniel K. Inouye College of Pharmacy at the University of Hawaii will receive a copy of the TB and Immunization Clearance Form submitted upon matriculation into the College of Pharmacy. This information is confidential and will not become a part of my academic record.

I understand that my immunization/health records may be forwarded to clinical sites that require my lab or immunization records. The release of this information is strictly for the purpose of complying with my clinical rotations' medical clearance policies and procedures. This consent expires on the last day of my clinical rotations.

Print Name

Signature

Date