

# Applicant's Release of Medical Information

APPENDIX 12

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**Name of Applicant**

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the Boston University's Research Occupational Health Program or their designee at:

Boston University Research Occupational Health Program (ROHP)  
72 East Concord Street  
Evans Bldg. 8th, Room 825  
Boston MA, 02118  
Phone: 617-414-7647  
Fax Line: 617-977-8788  
Email: [rohp@bu.edu](mailto:rohp@bu.edu)

**Applicant Signature**

**Date**