

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

Applicant Signature

Date

How to Submit

Please send this signed form directly to BU's Dive Safety Officer at divesafe@bu.edu. You only need to contact ROHP if the diving is part of an IBC or IACUC protocol.