

AUTHORIZATION OF PUBLICATION OF THE CHIEF STUDY

Date: 2015-05-21

Last Name of Applicant (please print):

First Name (please print):

Middle (full)(please print):

Date of Birth: **Sex (M or F):** M
Month/Day/Year

Social Security Number (optional):

I authorize the Hualien Armed Forces General Hospital to disclose all health examinations and physical exercises records information for the purpose of academic researches with this agency.

Signature of Applicant **Date** May 21, 2015