

**PLYMOUTH STATE UNIVERSITY-Global Education Office-Limerick  
Self Report on Health**

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Because study abroad can be quite rigorous and demanding, we believe that only those students who are in good physical and mental health should plan to participate. For that reason we ask that the student and his or her parent or legal guardian carefully read and then sign and date the following certification:

"I certify that I am in good physical and mental health and that I do not suffer from any special mental or physical problem or condition that would prevent me from successfully taking part in the study abroad program in Ireland.

I further understand that, in the event of an emergency abroad, the University reserves the right to notify my parent(s), guardian, or emergency contact.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

If the Student is under 18 years of age, this must be signed by the Student's parent or legal guardian:

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

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**If, for whatever reason, you cannot sign above, will you give permission to the Director or Associate Director of the Global Education Office and to appropriate health or counseling professionals at Plymouth State University, to discuss your health condition with the physician, psychologists or counselor who treated you during the past four years?**

(Please indicate your willingness to have us talk with the physician, psychologist or counselor by signing on the line below.)

N.B. If you do not sign this form either above or below, as appropriate, you will no longer be considered for participation in study abroad.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**The name and address of your physician, psychologist or counselor:**

Name \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Address \_\_\_\_\_

**Submit this form to:**

Plymouth State University: The Global Education Office  
MSC 44, 17 High St., Plymouth, NH 03264, Tel: 603-535-2336, Fax: 603-535-2528