|  |  |  |  |
| --- | --- | --- | --- |
| **NT FOSULTANINDIVIDUAL CONTRACTORS**  **STATEMENT OF HEALTH – INDIVIDUAL CONTRACTORS**  Name of Consultant/Individual Contractor:  Last Name, First Name  **Statement of Good Health**  In accordance with the provisions of Clause 5 of the [General Terms & Conditions for Individual Contractors](https://intranet.undp.org/unit/oolts/oso/psu/_layouts/15/WopiFrame.aspx?sourcedoc=/unit/oolts/oso/psu/Support%20Documents%20on%20the%20IC%20Guidelines/UNDP%20General%20Conditions%20for%20Individual%20Contractors.pdf&action=default), I am submitting this statement to certify that I am in good health and take full responsibility for the accuracy of this Statement. I am aware that information pertaining to inoculation requirements in respect of official travel to countries can be referred to at <http://www.who.int/ith>.  Duty station: home-based - (city, country) (Rating:      \*)  I certify that my medical insurance coverage is valid for the period from       to (if applicable)  I certify that my medical insurance covers medical expenses (including expenses related to COVID-19 illness)  I certify that my medical insurance covers evacuations from the Duty station;  Not applicable\*\*  The name of my medical insurance carrier is:  Policy Number:  Telephone Number of Medical Insurance Carrier:  **A copy of proof of insurance MUST be attached to this form.** | | | |
|  |  |  |  |
| Signature of Consultant/Individual Contractor Date  This statement is only valid for Consultant/Individual Contractor Contract No. | | | |
|  |  |  |  |
| Signature of Officer Supervising the Contract Name | | | |
|  |  |  | |
| Business Unit  *\* Link to Hardship Classification: https://icsc.un.org/Home/GetDataFile/6040*  *\*\*Applies for official missions or assignments based in UNDP premises. Duty stations with rating “B through E” require medical evacuation coverage, duty stations with rating “A” or “H” do not require medical evacuation coverage.* | | | |