



*Empowered lives.  
Resilient nations.*

## 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](#), 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>.

I certify that my medical insurance coverage is valid for the period from \_\_\_\_\_ to (if applicable) \_\_\_\_\_

I certify that my medical insurance covers medical evacuations at Duty Station(s): Copenhagen Duty Station(s) Rating: \_\_\_\_\_ "B through E". Duty stations with "A" or "H" do not require medical evacuation coverage.

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. PSU-CREE-2020-003-FD

Signature of Officer Supervising the Contract

Name:

UNDP1, BMS

Business Unit