|  |  |  |  |
| --- | --- | --- | --- |
| **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>.  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):       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. IC-LBY-0013-2021 | | | |
|  |  |  |  |
| Signature of Officer Supervising the Contract Name | | | |
|  | LBY10 |  | |
| Business Unit | | | |