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| **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 DateThis statement is only valid for Consultant/Individual Contractor Contract No. IC-LBY-0013-2021 |
|  |       |       |  |
| Signature of Officer Supervising the Contract Name |
|  | LBY10 |  |
| Business Unit  |