# ANNEX 3

**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): 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.

##### Signature of Officer Supervising the Contract Name

Business Unit