# ANNEX III

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| **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.** |
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| Signature of Consultant/Individual Contractor Date  This statement is only valid for Consultant/Individual Contractor Contract No. |
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| Signature of Officer Supervising the Contract Name |
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| Business Unit |