**ANNEX VIII**



**HEALTH STATEMENT FOR INDIVIDUAL CONSULTANTS/CONTRACTORS**

First Name Last Name

Duty Station(s)

I hereby certify that:

a) I am in good health.

b) I am fit to carry out the duties of the assignment being offered.

c) If applicable, I am fit for travel within the country of normal residence.

d) If applicable, I am fit for travel outside the country of normal residence.

e) I am free from any communicable disease.

f) If applicable, I have been informed of the inoculations required for the

 country(ies) to which I have to travel on behalf of ICAO.

g) I have valid medical/health insurance coverage.

I certify that these answers and statements are complete and true to the best of my knowledge and belief.

 Signature of individual consultant/contractor Date

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