**APPENDIX B**

****

**HEALTH STATEMENT FOR INDIVIDUAL CONSULTANTS/CONTRACTORS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  |  | Last Name |  |
|  |  |  |  |  |
| Duty Station(s) |  |
|  | *Indicate travel destination* |

I hereby certify that:

|  |  |  |  |
| --- | --- | --- | --- |
|  | I am in good health. |  |  |
|  |  |  |  |
|  | I am fit to carry out the duties of the assignment being offered. |  |  |
|  |  |  |  |
|  | If applicable, I am fit for travel within the country of normal residence. |  |  |
|  |  |  |  |
|  | If applicable, I am fit for travel outside the country of normal residence. |  |  |
|  |  |  |  |
|  | I am free from any communicable disease. |  |  |
|  |  |  |  |
|  | If applicable, I have been informed of the inoculations required for  |  |  |
|  | the country(ies) to which I have to travel on behalf of ICAO. |  |  |
|  |  |  |  |
|  | 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 |

— — — — — — — — — —