ANNEX VIII

ICAO

HEALTH STATEMENT FOR INDIVIDUAL CONSULTANTS/CONTRACTORS

First Name _____ Last Name _____

Duty Station(s) _____

Indicate travel destination

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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