

**SWORN UNDERTAKING TO COMPLY WITH RULES FOR ENTRY
INTO METROPOLITAN FRENCH TERRITORY
(FROM RED LIST COUNTRIES)**

This statement shall be presented to the transport companies before boarding and to the border control authorities.

The measures applied to vaccinated adults are extended under the same conditions to their accompanying minors, whether vaccinated or not.

To be completed by the traveller:

I, the undersigned,

Mr/Mrs: ...

Born on:

Nationality:

Residing at:

Initial place of origin (city/country):

Final destination (city/country):

I hereby declare on my honour that I have not had any of the following symptoms during the last 48 hours:

- Fever or chills;
- Cough or aggravation of my usual cough;
- Unusual fatigue;
- Unusual shortness of breath when I speak or make the slightest effort;
- Unusual muscle aches and/or pains;
- Unusual headaches;
- Loss of taste or smell;
- Unusual diarrhoea.

I hereby declare on my honour that I have no knowledge of having been in contact with a confirmed case of COVID-19 during the last fourteen days prior to departure.

If I am not vaccinated under a complete vaccination schedule recognised by the European Medicines Agency:

I hereby agree on my honour to take an antigenic test or biological examination on arrival in metropolitan France (traveller aged above 12 years).

I hereby acknowledge being aware of the quarantine or isolation measures that will be applied by prefectural order on my arrival in metropolitan France for a ten-day period, along with restrictions on when I may leave the isolation facility (except in the case of transit in an international zone), and I declare my consent to such quarantine or isolation measures that will be applied on my arrival.

Done in _____, on ____ / ____ / 2021

Signature