



**HAUT-COMMISSARIAT
DE LA RÉPUBLIQUE
EN POLYNÉSIE FRANÇAISE**

*Liberté
Égalité
Fraternité*

**DECLARATION TO ABIDE BY HEALTHCARE
RULES RELATED TO ENTRY INTO
FRENCH POLYNESIA AND MAINLAND FRANCE**

This declaration must be presented to your transport company before boarding by passengers who wish to travel to French Polynesia or mainland France, and to border control authorities.

I, the undersigned,

Mrs/Ms/Mr:

Date of Birth:

Address:

Nationality:

Hereby certify that I have not experienced any of the following symptoms in the past 48-hours:

- Fever or chills
- New or worsening cough
- Unusual fatigue
- Shortness of breath when I speak or during activity
- Unusual muscle pain and/or stiffness
- Unexplained headaches
- Loss of taste or smell
- Diarrhoea

I solemnly declare that I have not been in contact with a confirmed case of COVID-19 in the fourteen (14) days prior to boarding this flight.

I will commit to taking an antigenic test or a virological PCR examination upon my arrival.

Note: applicable for passengers aged 12 years and over.

Date:/...../.....

Signature: