



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

*Liberté  
Égalité  
Fraternité*

**SWORN STATEMENT  
TO ABIDE BY SANITARY REGULATIONS  
UPON ARRIVAL IN FRENCH POLYNESIA OR MAINLAND FRANCE**

Passengers traveling to mainland France or French Polynesia must show this statement to transportation companies before boarding, and to border control authorities

I, the undersigned, Ms/Mr:.....

Born on: .....

Date of Birth: .....

Address: .....

Citizenship: .....

**Hereby certify** that I have not had any of the following symptoms in the last 48 hours:

- Fever or chills.
- Cough or worse than usual cough.
- Unusual fatigue.
- Unusual shortness of breath when I speak or during an activity.
- Unusual muscle pain and/or stiffness.
- Unexplained headaches.
- Loss of taste or smell.
- Unusual diarrhoea.

**Swear** not to have been in contact with a person positive to Covid during the 14 days preceding the flight;

**Swear** to undertake an antigenic or PCR test upon arrival if aged 11 and over

Signed in:

On:                    at:                    h

Signature: