

SWORN STATEMENT OF ABSENCE OF COVID-19 SYMPTOMS

Passengers travelling to mainland France must show this statement to transportation companies before boarding, and to border control authorities.

I, the undersigned,

Mrs/Mr.:

Date of Birth:

in:

Address:

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

- Fever or chills.
- Cough or worse than a 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.

Signed in:

On: At: h

Signature: