



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

*Liberté
Égalité
Fraternité*

**SWORN UNDERTAKING TO COMPLY WITH RULES FOR ENTRY
INTO FRENCH POLYNESIA OR INTO MAINLAND FRANCE**

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.

I hereby agree on my honour to take an antigen test or biological examination that may be conducted on arrival in French Polynesia or in mainland France (traveller aged above 12 years).

Done in _____, on ____ / ____ / ____

Signature