

**SWORN UNDERTAKING TO COMPLY WITH RULES FOR ENTRY  
INTO METROPOLITAN FRENCH TERRITORY  
(FROM AMBER 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 11 years).

☐ I hereby agree on my honour to self-isolate for seven days, where necessary, in one of the facilities designated by the French authorities.

☐ I hereby agree on my honour to take a biological virological screening test (PCR) at the end of the isolation period (traveller aged above 11 years).

Done in \_\_\_\_\_, on \_\_\_\_ / \_\_\_\_ / 2021

Signature