

**INTERNATIONAL TRAVEL CERTIFICATE TO MAINLAND FRANCE
FROM A THIRD COUNTRY***

(*ALL COUNTRIES EXCEPT EUROPEAN UNION MEMBER STATES AND ANDORRA, ICELAND,
LIECHTENSTEIN, MONACO, NORWAY, SAN MARINO, SWITZERLAND, UNITED KINGDOM, HOLY SEE)

This certificate must be presented to transportation companies, before boarding, by passengers travelling to mainland France. It must also be presented to border control authorities.

To be filled in by the traveller:

I, the undersigned,

Ms/Mr:

Born on:

Nationality:

Residing:

Certify that my travel motivations are matching one of the following (check the box):

- French nationals, accompanied by their spouse and children;

- European Union nationals and nationals from Andorra, United Kingdom, Iceland, Liechtenstein, Monaco, Norway, San Marino, Switzerland, and the Holy See, having their primary residence in France or transiting through France to reach their country of origin or where they have their primary residence, accompanied by their spouse and children;

- Third country nationals, who are holders of a French or European residence permit or valid long-stay visa, having their primary residence in France or transiting through France to reach their residence in a country of the European Union or assimilated;

- Third country nationals, transiting less than 24 hours in an international area to reach their country of origin and who are holders of a travel document to this country;

- Diplomatic mission staff, or international organisations staff working in headquarters or offices located in France, accompanied by their spouse and children;

- Healthcare workers supporting the fight against Covid-19;

- Flight and cargo crews, or travelling as a passenger to their departure base;

- Foreign nationals ensuring the international carriage of goods;

- Goods carriers including seamen.

Done at/...../2020

(signature)

SWORN STATEMENT OF ABSENCE OF COVID-19 SYMPTOMS

This statement must be presented to transportation companies, before boarding, by passengers travelling to mainland France. It must also be presented to border control authorities.

I, the undersigned,

Mr/Ms:

Born on:

Nationality:

Residing at:

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

- fever or chills,
- cough or worse than usual cough,
- unusual fatigue,
- unusual shortness of breath when I speak or make a small effort,
- unusual muscle pain and / or aches,
- unexplained headaches,
- loss of taste or smell,
- unusual diarrhoea.

Done at

on _____, at _____ h

Signature: