# **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, Ms/Mr:

Born on:

Nationality:

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 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:

 In (location) At (time)

Signature: