

**INTERNATIONAL TRAVEL CERTIFICATE TO MAINLAND FRANCE  
FROM A COUNTRY IDENTIFIED AS A SPREADING ZONE OF THE SARS-CoV-2\* VIRUS**

(\*ALL COUNTRIES EXCEPT EUROPEAN UNION MEMBER STATES, ANDORRA, ICELAND, LIECHTENSTEIN, MONACO, NORWAY, SAN MARINO, SWITZERLAND, UNITED KINGDOM, THE VATICAN, AUSTRALIA, CANADA, SOUTH KOREA, GEORGIA, JAPAN, NEW ZEALAND, RWANDA, THAILAND, TUNISIA, URUGUAY)

Passengers travelling to mainland France must show this certificate to transportation companies before boarding, and to border control authorities. Passengers who fail to comply will be denied boarding or entry into the mainland.

A sworn statement declaring the absence of COVID-19 symptoms must be attached to this certificate. Passengers aged 11 and over, from countries listed on the website of the French Ministries of Health and of the Interior respectively, or who have stayed in those countries in the past thirty days before travel are required to provide a COVID-19 valid negative test result done less than 72 hours prior to boarding. Arrivals from other countries identified as SARS-CoV-2 active spreading zones are strongly advised to have the negative test result.

**To be completed by the traveller:**

**I, the undersigned,**

**Ms/Mr:**

**Born on:**

**Nationality:**

**Address:**

**Certify that my reasons for travel match one of the following (check the box):**

- French nationals, travelling with their spouse and children.
- European Union nationals and nationals from Andorra, United Kingdom, Iceland, Liechtenstein, Monaco, Norway, San Marino, Switzerland, and the Vatican, whose primary residence is in France or are in transit through France to reach their country of origin or of primary residence, travelling with their spouse and children.
- Third country nationals, who are holders of a French or European residence permit or valid long-stay visa, with primary residence in France, or in transit through France to their residence in the European Union or its assimilated countries.
- Third country nationals, in transit for less than 24 hours in an international zone.
- Holders of an official passport
- Foreign nationals employed by diplomatic or consular organism or international organisations whose Headquarters or offices are located in France as well as their spouse and their spouse and children or foreign nationals staying in France on assignment on behalf of their home country
- Foreign healthcare workers to help fight against Covid-19 or recruited within the framework of an internship for foreign medical residents.
- Foreign flight and cargo personnel as part of a crew or travelling as passenger to their departure base.
- Foreign nationals responsible for the international carriage of goods.
- Drivers or crew members of a passenger train or bus.
- Crew members or personnel working on a merchant or fishing ship.
- Students with long-term visas (VLS), short-term visa (VCS) to study or do an internship ("Examination/test" short-stay visa not included), or coming for less than 90 days from a country exempted from VCS, or minors attending school and holding a proof of residence in France.
- Teachers or researchers employed or invited by a French educational institution or research lab, travelling for teaching or research purposes.
- Third Country nationals with a long stay talent visa "*passeport talent*" or intra-corporate transfer visa "*salaré détaché ICT*", travelling with their spouse and children.
- Foreign nationals coming to France for medical care in a public or private hospital.

Signed in ....., on...../...../2020

Signature .....

## 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:

On \_\_\_\_\_ At \_\_\_\_\_ h

Signature: