



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

*Liberté
Égalité
Fraternité*



**PRÉSIDENCE
DE LA POLYNÉSIE FRANÇAISE**

Last Name: _____

First name: _____

Passport number: _____

Nationality: _____

Dear Mrs. or Mr,

Due to the Covid-19 pandemic, additional measures have been taken when in French Polynesia.

1. Over the last 3 weeks, have you felt any signs of acute breathing infection: coughing, breathing difficulty, fever or dizziness?

YES

NO

2. Over the last 3 weeks, have you experienced a confirmed or probable Covid-19 infection?

YES

NO

3. Over the last 2 weeks, have you been in contact with a person infected with the Covid-19 virus?

YES

NO

4. Today, do you feel the following symptoms? (check the boxes)

Fever or dizziness

Coughing

Breathing Difficulty

Diarrhea

I undersigned, Mr or Mrs _____ certify that I have been informed on the measures applicable when entering French Polynesia.

I hereby declare to:

- Strictly respect a 14-day confinement period
- Avoid travelling to the other islands
- Inform regularly on the evolution of my health condition by composing the 15 emergency number
- Avoid any public places
- Apply the barrier gestures
- Answer to any solicitations from the health watch bureau

I certify that my confinement will take place at:

I am informed that, in case I do not respect these obligations, I can be liable to sanctions which can be imposed on me by the local authorities.

Signed: _____

Done in Faa'a, on (date) _____