

COVID-19 PREVENTION TRACKING FORM FOR PASSENGERS TRAVELLING TO CAMEROON

Pursuant to Government guidelines set by the State of Cameroon, people wishing to embark on Air France airline flights to Cameroon, authorised from May 4 to June 30, 2020, are informed that in addition to procedures applied by Air France to prevent symptomatic people from traveling, they will be subject to the following obligations:

1. Either submit a negative coronavirus-screening test (SARS-CoV-2) dating **less than 3 days** before departure and sign a commitment to self-confinement upon arrival in Cameroon for 14 days;
2. Or submit to a coronavirus screening test carried out by the health authorities on their arrival in Cameroon and sign a commitment to confinement for a period of 14 days. Confinement of people tested positive could take place in a hotel on the list of proposed hotels, at their own expense, or in one of the sites made available by the authorities.

Moreover, each passenger will be followed up, individually, by health authorities for at least 14 days. For this purpose, Immigration services will be keeping travellers' passports during this follow-up.

In order to speed up the procedures for taking care of passengers on arrival at the airport, each passenger will be required to provide information:

- The form below and submit it to the Cameroon Civil Aviation Authority at health.prevention@ccaa.aero, at least 24 hours before the scheduled time of departure;
- The attached declaration on honour form in two (02) copies.

On arrival in Cameroon, each passenger shall have a printed version of the form submitted to the CCAA and two copies of the declaration on honour form.

Identification

Name	
Date of birth	
Place of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	
Profession	
Passport details (Number, expiry date)	
Permanent address (town, neighbourhood, landmark)	

Travel

Airline	
Seat number	
Flight number	
Country of Origin	
Country of Destination	
Arrival date	
Duration of stay (number of days)	
Reason for visit	

Location

Telephones (s)	
Email	
Means of accommodation	
Emergency contacts	

Health

Transit country during this travel		
Have you been having the following symptoms for the past 14 days?	<input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Cough <input type="checkbox"/> Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting	<input type="checkbox"/> Headache <input type="checkbox"/> Irritability <input type="checkbox"/> Confusion <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chest pain <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Joint pain
Visited countries (past 90 days)		
Your COVID-19 test result	<input type="checkbox"/> Negative (submit on health.prevention@ccaa.aero) <input type="checkbox"/> Not tested	

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List of proposed hotel for confinement

1. Yaounde

N°	NAMES	LOCATION	STANDING¹	SELECTION
1.	<i>Aurélia Palace</i>	Nylon Bastos	Level 1	
2.	<i>Yaahot Hotel</i>	Rue Ceper	Level 1	
3.	<i>Azur Hotel</i>	Bastos	Level 1	
4.	<i>Franco Hotel</i>	Matamfen	Level 1	
5.	<i>Meumi palace Hotel</i>	Bastos Roundabout	Level 2	
6.	<i>Félicia Hotel</i>	Coron	Level 2	
7.	<i>Xavièra Hotel</i>	Tropicana	Level 2	
8.	<i>Nguela Hotel</i>	Bastos	Level 3	

2. Douala (to be updated)

¹ **Level 1** : higher than 40,000 (forty thousand) CFA F;
Level 2 : between 25.000 (twenty-five thousand) and 40,000 (forty thousand) CFA F;
Level 3 : between 15.000 (fifteen thousand) and 25,000 (twenty-five thousand) CFA F.

REPUBLIQUE DU CAMEROUN
Paix-Travail-Patrie

MINISTERE DE LA SANTE PUBLIQUE

SECRETARIAT GENERAL



REPUBLIC OF CAMEROON
Peace-Work-Fatherland

MINISTRY OF PUBLIC HEALTH

SECRETARIAT GENERAL

LUTTE CONTRE CORONAVIRUS (COVID-19)

DECLARATION SUR L'HONNEUR

Je soussigné(e),

Mme, Mlle, M. _____
CNI/Passeport N° _____
Délivrée le _____ à _____
Profession : _____
En provenance de : _____
Résidant au quartier : _____
Arrondissement de : _____
Ville de : _____
N° Tél : _____
Dépisté(e) négatif (ve) au COVID-19 le _____

m'engage sur l'Honneur à :

- respecter scrupuleusement à ma résidence/domicile les mesures de confinement de 14 (quatorze) jours prescrites par le Gouvernement, afin d'éviter la contamination de ladite pandémie à d'autres compatriotes ainsi que sa propagation sur le territoire national ;
- me soumettre au terme de ladite quarantaine de quatorze (14) jours au test de contrôle du personnel de santé désigné à cet effet ;
- assumer toute sanction découlant du non respect de la présente Déclaration sur l'Honneur.

En foi de quoi, la présente Déclaration sur l'Honneur est délivrée en deux exemplaires originaux, pour servir et valoir ce que de droit. /-

FAIT A _____, LE _____

NOM ET PRENOM : _____

SIGNATURE : _____