**EXEMPTION CERTIFICATE**

As per the official measures to tackle the spread of Covid 19 in the state of health emergency

I, the undersigned,

Ms/Mr:

Born on:

In:

Address:

certify that my reasons to be outdoors match one of the following situations (check the box) authorised by the official measures to tackle the spread of Covid 19 as part of the state of health emergency1:

[ ] Commuting to and from work or university and training place

[ ] Consults and provision of care that cannot be done remotely or delayed; consults and provision of care for patients with a chronic disease, medications purchase

[ ] Imperative family reasons, assisting vulnerable persons, persons in a precarious situation or taking care of children.

[ ] Persons with a disability and their accompanying person

[ ] Judicial or administrative summons

[ ] Participating in a mission of general interest upon request from an administrative authority

[ ] Transit related to long distance journeys

[ ] Walking a pet outdoors within 1km of one’s place of residence and for a brief amount of time

Signed in

On: at:

(Date and hours are mandatory)

Signature:

1. People whose situation matches one of the aforementioned and can therefore be exempt must carry, when outdoors, written proof to justify that exemption.