



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH GOVERNMENT
WELSH GOVERNMENT

DEPARTMENT OF ENVIRONMENT, AGRICULTURE AND RURAL AFFAIRS - NORTHERN IRELAND

No:.....

EXPORT OF HATCHING EGGS OF COMMERCIAL CHICKEN (*Gallus gallus*) TO AUSTRALIA

HEALTH CERTIFICATE 1 PART C:DISEASE STATUS OF COUNTRY OF ORIGIN

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the hatching eggs

Australian import permit number:

Number of eggs	Identification Marks	Collection date

II. Origin of the hatching eggs

a) Name and address of exporter:

III. Destination of the hatching eggs

a) Name and address of consignee:

[NOTE: ALL PAGES TO BE AUTHORISED BY AN OFFICIAL SIGNATURE, STAMP AND DATE]

FOR COMPLETION BY: OFFICIAL VETERINARIAN

IV. DISEASE STATUS OF THE COUNTRY OF ORIGIN

I, _____, an Official Veterinarian on behalf of the Department for Environment, Food and Rural Affairs in the United Kingdom, hereby certify in relation to the consignment of hatching eggs of poultry identified on this certificate that:

1) Avian Influenza

EITHER*

(i) The United Kingdom is officially free of notifiable highly pathogenic avian influenza type A infection in commercial poultry, game birds and pet birds;

AND

(ii) No case of clinical avian influenza has occurred in poultry at the premises of origin or within a radius of 40 km thereof during the period commencing 21 days prior to the start of collection of eggs for this consignment until today;

OR*

(iii) The flock(s) of origin are in a zone or compartment approved by the Department of Agriculture, Water and the Environment.

2) Newcastle disease

No case of clinical Newcastle disease (APMV-1) has occurred in poultry at the premises of origin or within a radius of 40 km thereof during the period commencing 21 days prior to the start of collection of eggs for this consignment until today.

3) The written notifiable disease clearance issued by APHA or DAERA supporting the above statements is attached to this certificate.

Stamp: Signed RCVS

Name in block letters Official Veterinarian

Date..... Address.....

Email and contact number:

[NOTE: ALL PAGES TO BE AUTHORISED BY AN OFFICIAL SIGNATURE, STAMP AND DATE]