



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
THE SCOTTISH GOVERNMENT - RURAL DIRECTORATE  
WELSH ASSEMBLY GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS  
DEPARTMENT FOR AGRICULTURE AND RURAL DEVELOPMENT, NORTHERN IRELAND

No/N°: .....

EXPORT OF CHICKEN AND TURKEY HATCHING EGGS AND DAY OLD CHICKS AND POULTS TO  
LIBYA

SUPPORT HEALTH CERTIFICATE

I. Name and address of Official Veterinarian to whom this certificate  
must be returned as soon as possible:

II. Name and address of exporter:

III. Address of flock of origin:

IV. Date of export:

V. Health Information.

I, the undersigned, certify that the birds comprising the flock of  
origin meet the following requirements:

- a) The flocks of origin in paragraph II.b. above are subject to regular  
official veterinary inspection and are officially approved in  
accordance with EU Directive 2009/158/EC, and are not subject to any  
animal health restrictions;
- b) The flocks of origin have undergone a disease surveillance programme  
in accordance with EU Directive 2009/158/EC and have not been found  
to be infected with these agents as follows:
  - (i)\* in the case of chickens  
**Salmonella pullorum, S.gallinarum, and Mycoplasma gallisepticum**
  - (ii)\* in the case of turkeys  
**Salmonella pullorum, S.gallinarum, S.arizonae, Mycoplasma**  
**gallisepticum and M.meleagridis;**

- c) The flocks of origin have undergone a disease surveillance programme in accordance with EU Regulation 2160/2003 for **Salmonell enteritidis, S.typhimurium, S.infantis, S.virchow, and S.hadar**, and have not been found to be infected by these agents;
- d) There has been no evidence in the flocks of origin during the past 6 months of **avian leukosis, Marek's disease, reticulo-endothelial virus**, or any other avian cancer known to be associated with a viral infection;
- e) There has been no clinical evidence in the flocks of origin during the past 6 months of infectious or contagious diseases, or any vertically transmitted diseases;
- f) The flocks of origin have been vaccinated using officially approved vaccine(s) as follows (\*delete in the case of turkeys)  
(if necessary a separate schedule may be attached):

Disease	Name of vaccine	Manufacturer	Date of vaccination
Infectious bronchitis (IB)*			
Infectious bursal* disease (IBD)			
Newcastle disease (ND)			
Avian Encephalomyelitis* (AE)			

**VI. This certificate is valid for 10 days.**

**\* Delete if not applicable**

**Stamp**

**Signed** .....RCVS

**Name in block letters** .....

**Flock Veterinarian**

**Date** .....

**Address** .....  
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