



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

No/N° :

EXPORT OF DAY OLD CHICKS, TURKEY POULTS AND DUCKLINGS TO MALAWI

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(s) of origin:

IV. Date of export:

V. Health Information.

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

- a) The flock(s) of origin are subject to a disease surveillance programme in accordance with EU Directive 2009/158/EC, with **negative results** for **Salmonella pullorum, S.gallinarum,**

* and (in the case of chickens and turkeys only) *Mycoplasma gallisepticum*;

* and (in the case of turkeys only), also for *Mycoplasma meleagridis* and *S.Arizona*;

- b) The flock(s) of origin have undergone a disease surveillance programme in accordance with EU Regulation 2160/2003 for **Salmonella enteritidis, S.typhimurium, S.infantis, S.virchow, and S.hadar**, with negative results for these agents;
- c) The flock(s) of origin are subject to routine monthly veterinary inspection in accordance with EU Directive 2009/158/EC, do not show any signs or suspicion of contagious disease and fully satisfy the animal health conditions governing intra-community trade in poultry;
- d) *In the case of chickens only, the flocks of origin have been vaccinated against Newcastle Disease and Infectious Bursal Disease using an inactivated vaccine immediately prior to the point of lay;

Disease	Name and batch of Vaccine	Manufacturer	Date of Vaccination
Newcastle disease			
Infectious Bursal Disease			

- e) In so far as can be determined there have been no cases of Infectious Bursal Disease (IBD) in the supply flock(s) above in the past 12 months;

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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