



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 TURKEY HATCHING EGGS (*Meleagris gallopavo*) TO MOROCCO

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)* (applies only in cases where an outbreak of notifiable low pathogenic avian influenza has been confirmed in the UK, but the flocks of origin are not located in the affected area(s); delete if this does not apply)

(i) the flocks of origin at Section III above have kept in an establishment in which, within 7 days prior to the collection of the eggs for export, **an individual virus isolation test for the avian influenza virus was carried out on at least 60 birds selected at random in the establishment or from all the birds if the establishment has less than 60 birds, with negative results in each case,**

date of sampling ;

AND (ii) the flocks of origin at Section III above have been kept in an establishment where, for at least the last 42 days prior to export, the establishment itself and the area within a radius of 10 km thereof has been officially free from **notifiable low pathogenic avian influenza** according to the criteria of the OIE; and there has been no known epidemiological contact between the establishment(s) of origin and any other establishment at which notifiable avian influenza has been detected during the past 90 days;

b) the eggs for export were collected from the flocks at Section III above and :

(i) were marked in compliance with the instructions of the competent veterinary authority;

(ii) were disinfected in compliance with the instructions of the competent veterinary authority

c) the flocks at Section III above:

(i) are subject to official health checks and in which none of the following diseases have been recorded for at least the past 3 months: **infectious rhinotracheitis, fowlpox, haemorrhagic enteritis, mycoplasmosis, salmonellosis, colibacillosis, fowl cholera, avian reticulo-endotheliosis, erysipelas;**

(ii) are officially considered free from the diseases below on the basis of consistently negative results to routine monitoring as required under a government supervised poultry health scheme which fully complies with EU Directive 2009/158/EC (latest laboratory reports attached herewith):

- **Salmonella pullorum, S.gallinarum and S.arizonae**, with samples being taken at least once during each laying period;

- **Mycoplasma gallisepticum and M.meleagridis**, with samples being taken just before the start of lay and repeated every 3 months thereafter;

(iii) are officially considered free from **Salmonella enteritidis, S.typhimurium**, and other Salmonella serovars of public health significance on the basis of consistently negative results to routine monitoring as laid down under European Council Regulation 2160/2003 and implemented by a government supervised national control programme for Salmonella (latest laboratory reports attached herewith);

(iv) are subject to regular serological testing for **Mycoplasma synoviae**, in which a random sample of 60 birds in each flock is tested at intervals of not more than 12 weeks, the latest test being not more than 8 weeks prior to the date of export of the hatching eggs, and the results have been consistently negative throughout the life of the flock(s) (latest laboratory reports attached herewith);

(v) EITHER* have not been vaccinated against **Newcastle disease**;
 OR* have undergone a full vaccination against Newcastle disease, the last dose of which was given using a vaccine with an inactivated virus as below:

| Date of vaccination | Age of flock at time of vaccination | Name of vaccine | Batch no. | Type of vaccine (live or inactivated) |
|---------------------|-------------------------------------|-----------------|-----------|---------------------------------------|
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VI. This certificate is valid for 10 days.

* Delete if not applicable

Stamp

SignedRCVS

Name in block letters

Flock Veterinarian

Date

Address
