



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

No:

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

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 are officially approved members of a government supervised poultry health scheme, and as such they are subject to regular official veterinary inspection and they comply with all the disease security and surveillance conditions laid down in EU Directive 2009/158/EC;
- b) on (date), being within 28 days prior to the date of export, the birds comprising the flock(s) of origin have been inspected and found to be healthy and free from clinical signs of infectious disease;

Specific Diseases: I certify that the hatching eggs/day old birds:-

- c) **Infectious Bursal Disease (IBD)****
are the progeny of parent flocks which come from establishments
- (a)* which are recognised as being free from IBD as demonstrated by the AGP test, and
 - (b)* in which the parent stock are not vaccinated for IBD, or
 - (c)* in which the parent stock are vaccinated for IBD

- d) **Marek's Disease (MD)** (delete in the case of hatching eggs or turkeys)**

were vaccinated against MD as follows:

Date	Name of Vaccine

- e) **Avian Infectious Bronchitis (IB)**
are the progeny of parent flocks which come from establishments
- (a)* which are recognised as being free from IB as demonstrated by serological tests, and
 - (b)* in which the parent stock are not vaccinated for IB, or
 - (c)* in which the parent stock are vaccinated for IB

- f) **Fowl Cholera (FC)**
are the progeny of parent flocks which come from establishments
- (a)* which are recognised as being free from FC, and
 - (b)* in which the parent stock are not vaccinated for FC, or
 - (c)* in which the parent stock are vaccinated for FC

- g) **Avian Mycoplasmosis**
The establishments of origin are members of a government supervised poultry health scheme which fully complies with EU Council Directive 2009/158/EC, and as such they have been subject to routine testing with consistently negative results for Avian Mycoplasmosis;

- h) **Fowl Typhoid and Pullorum Disease**
The establishments of origin are members of a government supervised poultry health scheme which fully complies with EU Council Directive 2009/158/EC, and as such they have been subject to routine testing with consistently negative results for fowl typhoid and pullorum disease;

- j) **Notifiable Avian Influenza (NAI)**
- (i) vaccination of poultry for avian influenza is not permitted in the country in which the parent flocks are situated, and the parent flock(s) of have not been vaccinated against avian influenza;
 - (ii) and the parent flocks have been kept in the country/ region/ compartment* in which they laid the eggs for this consignment for no less than 21 days prior to the first collection of eggs for this consignment;

k) **Newcastle disease (ND)**

(ii) Within the last 8 weeks prior to collection of the eggs the parent flocks have not been vaccinated with a modified live Newcastle disease vaccine;

(iii) the parent flocks have been vaccinated against ND as follows, using a vaccine which complies with the standards laid down in the OIE Terrestrial Manual:

Name of vaccine	Live/ inactivated	Route of admin	Age of birds

* delete as appropriate

** in the case of turkeys, as this species is not normally affected by infectious bursal disease, Marek's disease or avian infectious bronchitis, and it is not normal practice to vaccinate turkeys for these diseases, these paragraphs should be deleted

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

Stamp

Signed.....RCVS

Name in block letters.....

Flock Veterinarian

Date

Address.....
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