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

EXPORT TO UNITED ARAB EMIRATES OF RED MEAT/MEAT PRODUCTS OTHER THAN OF RUMINANT ORIGIN PRODUCED IN THE EUROPEAN UNION FROM ANIMALS RESIDENT IN EUROPEAN UNION MEMBER STATES

HEALTH CERTIFICATE   **No: ....**

EXPORTING COUNTRY: **UNITED KINGDOM**

FOR COMPLETION BY: **OFFICIAL VETERINARIAN**

I   Identification of consignment

(a) Description of the products:

(b) Type and number of packages:

(c) Net and gross weight of consignment:

(d) Container/seal number OR alternative identification details available
    such as shipping marks, batch numbers or pallet numbers:

II   Origin of products

* (a) Name, address and official approval number of the slaughterhouse(s):

* (b) Name, address and official approval number of the cutting premises:

* (c) Name, address and official approval number of the processing premises:

* (d) Name, address and official approval number of the cold store:

III   Destination of products

(a) Name and address of exporter:

(b) Name and address of consignee:

(c) Name and address of premises of despatch:

(d) Means of transportation (Name of ship, flight number, airport/port of departure):

IV   Health Information

I, the undersigned, certify that:

(a)   the meat/meat products was/were derived from animals which have been subjected to ante-mortem and post-mortem inspection under veterinary supervision in an officially approved slaughterhouse and found fit for human consumption;

(b)   the meat/meat products and/or the packaging thereof bears an official oval mark indicating that it/they has/have been obtained, processed, packaged, labelled and stored in an officially approved establishment in accordance with European Union hygiene regulations, including compliance with the microbiological criteria, and is/are fit for human consumption;

(c)   the meat/meat products has/have been stored in an hygienic manner in accordance with European Union hygiene regulations so as to prevent contamination with agents known to cause infectious disease of humans or animals;

(d)   European Union approved slaughterhouses/meat establishments are subjected to monitoring under the national residue monitoring plan to ensure that meat intended for trade within the European Union does not contain levels exceeding the limits permitted by European Union regulations of any veterinary medicinal product, antiparasitic agent, heavy metal contaminant, beta-agonist or any substance having a thyrostatic, oestrogenic, androgenic or gestogenic action;

(e)   the transport vehicles or containers and the loading conditions of this consignment meet the conditions laid down in European Union hygiene regulations;

* (f) **IN THE CASE OF FRESH MEAT ONLY**

the meat was derived from animals which, at the time of their slaughter, were resident in   , a country or zone which was free of foot and mouth disease, classical swine fever, African swine fever, swine vesicular disease and rinderpest in accordance with the OIE Terrestrial Animal Health Code.

* (g) **IN THE CASE OF MEAT PRODUCTS ONLY**

i.   the meat products were derived from animals which, at the time of their slaughter, were resident in   , a country or zone which was free of *****foot and mouth disease, *****classical swine fever, *****African swine fever, *****swine vesicular disease and *****rinderpest in accordance with the OIE Terrestrial Animal Health Code;

AND

* ii. the meat products have been subjected to a treatment which ensures the destruction of the ******foot and mouth disease virus, ******classical swine fever virus, ******African swine fever virus, ******swine vesicular disease virus and/or ****** rinderpest virus as recommended in the relevant OIE Terrestrial Animal Health Code Chapter. Details of the treatment are as follows:

*   Delete if not applicable

**   Indicate disease(s) deleted in the preceding paragraph from which the country/zone was not free and for which a specified treatment is required to destroy the virus.

Official Stamp   **Signed** .... **RCVS**
                                                Official Veterinarian

                                   ....
                                                Name in block letters

Date ....   **Address** ....
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