

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

No. .....

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

HEALTH CERTIFICATE EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

### Number and identification of the birds I.

	Number	Identification	Species
		•	
II.	Origin of t	he birds	
a)	Name and add	dress of exporter:	
			· ( )
b)	Address (es)	of premises of origin:	
27	nuurebb (eb)	or premibed of origin.	
C)	Address of 1	hatchery:	
			*

#### II. Origin of the birds

5308EHC (Agreed 14/07/2009) (Amended 03/10/2023)

## III. Destination of the birds

a) Name and address of consignee:

Means of transportation:

Health Information

the undersigned, certify that the day old birds described above et the following requirements:

- a) I have on this day inspected the said day old birds and found them to be free from clinical signs of infectious or contagious disease, and in my opinion fit for the intended journey;
- b) on (date), all birds comprising the flock(s) of origin were inspected and found to be free from clinical signs of infectious or contagious disease;
- c) in so far as can be determined, there has been no evidence of Pasteurella multocida (fowl cholera), ornithosis, Marek's disease, avian leukosis, infectious laryngotracheitis, infectious bronchitis or avian encephalomyelitis (epidemic tremor), Salmonellosis (S.typhimurium and S.enteritidis), duck virus hepatitis, or duck virus enteritis on the premises of origin or hatchery during the past 6 months;
- d) the flock(s) of origin and hatchery are members of the Government supervised Poultry Health Scheme or Northern Ireland Poultry Health Assurance Scheme and are considered free:
  - i\* IN THE CASE OF DOMESTIC FOWL ONLY Salmonella pullorum (pullorum disease), Salmonella gallinarum (fowl typhoid) and Mycoplasma gallisepticum;
  - ii\* IN THE CASE OF TURKEYS ONLY
    Salmonella pullorum (pullorum disease),Salmonella gallinarum
    (fowl typhoid), Salmonella arizonae, Mycoplasma meleagridis
    and Mycoplasma gallisepticum;
  - iii\* IN THE CASE OF DUCKLINGS ONLY
    Salmonella pullorum and Salmonella gallinarum;
- e) Surveillance for zoonotic salmonella species and serovars occurs:

# ${\rm i}\,^\star$ $\,$ In the case of chickens and turkeys only

the flock of origin and hatchery participates in the National Control Plan for Salmonella Enteritidis, Salmonella typhimurium and other zoonotic salmonella species and serovars, with negative results for the last 12 months;

## Certificate number: .....

### ii\* IN THE CASE OF DUCKS ONLY

the flocks of origin are subject to routine testing for Salmonella Enteriditis and Salmonella typhimurium and other zoonotic Salmonella species following a similar programme to that applied in the statutory testing under the National Control Programme and with negative results for the last 12 months.

no outbreak of **Newcastle disease** (fowl pest) has been confirmed by the Department at the premises of origin or the hatchery, or within a radius of 25 kms thereof, during the past 30 days;

- **(**1)
- day old birds/hatching eggs originate from

(a) The United Kingdom

- (b) A region of the United Kingdom
- (c) A poultry compartment within the United Kingdom

hich is officially free from **notifiable avian influenza** according to he criteria of the WOAH Code;

- N Vaccination against avian influenza is not permitted in poultry in the United Kingdom;
- j) The flock(s) of origin are tested within \*28 days (for turkey or duck flocks) or \*21 days (for chicken flocks) of export by serology for all haemagglutinin sub-types of avian influenza with negative results.
- k) I have received a written declaration from the owner/exporter stating that the day old birds will be shipped in new, clean and unused containers.
- V. This certificate is valid for 10 days.
- \* delete if not applicable

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OFFICIAL VETERINARIAN Stamp

Signed ......RCVS

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Name in block letters ......

Official Veterinarian

Date .....

Address .....