



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
 SCOTTISH GOVERNMENT
 WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

EXPORT OF HATCHING EGGS AND DAY-OLD BIRDS OF THE CHICKEN, DUCK AND TURKEY
 SPECIES TO THE PHILIPPINES

No:

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the hatching eggs/day old birds

Number	Identification	Species and Breed or Strain

II. Origin of the eggs/birds

a) Name and address of exporter:

b) Address(es) of flocks of origin:

c) *Address of hatchery:

III. Destination of the eggs/birds

a) Name and address of consignee:

b) Means of transportation:

c) Date of Shipment (mm/dd/yyyy):

IV. Health Information

I, the undersigned, certify that the eggs/birds described above meet the following requirements:

a) the flock(s) of origin at time of collection of the eggs, *and the hatchery at time of certification, were in an area which is free from **Newcastle disease** and **Highly Pathogenic Avian Influenza** in poultry (poultry as defined in the WOAHA Terrestrial Code);

b) the flock(s) of origin *and the hatchery are members of a Government supervised poultry health scheme under which they must be regularly monitored for the following diseases, and the results in each case have been negative for the past 6 months:

* (i) IN THE CASE OF DOMESTIC CHICKENS
Salmonella pullorum (pullorum disease), **Salmonella gallinarum** (fowl typhoid) and **Mycoplasma gallisepticum**;

* (ii) IN THE CASE OF DOMESTIC DUCKS
Salmonella pullorum (pullorum disease) and **Salmonella gallinarum** (fowl typhoid);

* (iii) IN THE CASE OF DOMESTIC TURKEYS
Salmonella pullorum (pullorum disease), **Salmonella gallinarum** (fowl typhoid), **Salmonella arizonae**, **Mycoplasma gallisepticum**, and **Mycoplasma meleagridis**;

c) there has been no evidence of the following diseases in the flock(s) of origin *or at the hatchery during the 6 months prior to export:

Fowl pox, fowl cholera, fowl typhoid (S.gallinarum), infectious bronchitis, infectious laryngotracheitis, infectious bursal disease, egg drop syndrome (EDS '76), Marek's disease, chronic respiratory disease, swollen head syndrome (avian pneumovirus), pullorum disease (S.pullorum), infectious coryza, avian encephalomyelitis, avian salmonellosis, duck virus enteritis, duck virus hepatitis

d) the flock(s) of origin have been tested by submitting a representative number of samples to a government approved laboratory at least once every 6 months for the following diseases with negative results in each case:

(i) **avian influenza** by the ELISA test / the Agar Gel Precipitation Test (AGPT) / a virus isolation test*

(ii) **Salmonella pullorum** (pullorum disease)

(iii) **Salmonella enteritidis**

Certificate number:

e) * (delete in the case of day old birds)
as per recommendations in the World Organisation for Animal Health (WOAH) Terrestrial Animal Health Code, the hatching eggs were cleaned and sanitized as soon as possible after collection using an approved sanitising agent, in accordance with the manufacturer's instructions;

f) * (delete in the case of hatching eggs)
the hatchery chambers and equipment were disinfected or fumigated to my satisfaction prior to setting and hatching the eggs from which the birds for export were produced;

g) * (delete in the case of hatching eggs)
I have on this day inspected the said day old chicks/ducklings/turkey poults* and found them to be free from clinical signs of infectious or contagious disease and in my opinion fit for the intended journey;

h) The hatching eggs/day-old poultry are to be transported in new or appropriately sanitized packaging materials and containers;

j) With regards to vaccination for avian influenza:

*the *day-old chicks or *parent flocks have not been vaccinated;

OR

*the *day-old chicks or *parent flocks have been vaccinated using:

(i) * Day-old chicks:

Type of vaccine:

Date of vaccination (mm/dd/yyyy):

(ii) * Parent flocks:

Type of vaccine:

Date of vaccination (mm/dd/yyyy):

* delete as applicable

V. This certificate is valid for 10 days.

Date
(mm/dd/yyyy)

SignedRCVS

OFFICIAL VETERINARIAN Stamp

Name in
block letters

Official Veterinarian

Address

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