

**Veterinary Health Certificate for Export of *Live Poultry* to the United States of America  
from Countries Not Members the European Poultry Trade Region (EPTR)**

<b>Veterinary Authority</b>	<b>Date of Issue</b>	<b>Certificate Number</b>
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**CERTIFICATION**

This is to certify that the animals described herein conform to the current veterinary import requirements of the United States. Health certificates are valid for 30 days from the date of issue by the examining veterinarian of the exporting country.

<b>1. Consignor/Shipper/Owner:</b>	<b>2. Consignee/Broker/Owner:</b>
<b>3. Country of Origin:</b>	<b>4. Date of Shipment:</b>
<b>5. Country of Destination:</b> <b>United States of America</b>	<b>6. State of Destination:</b>
<b>7. Home Quarantine Address:</b>	<b>8. Port of Embarkation / Border Crossing:</b>
<b>9. Date of Veterinary Inspection:</b>	<b>10. Means of Transport:</b>
<b>11. Description of Commodity (type of poultry):</b>	
<b>12. Total Quantity:</b>	<b>13. Total Number of Shipping Containers:</b>

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**The examining/official veterinarian certifies for export that poultry covered under this health certificate were inspected by the veterinarian issuing the health certificate.**

1. Poultry did not originate from France after October 1, 2023.
2. Poultry did not transit France prior to collection for shipment for export to the United States.
3. Poultry shipment will not transit France after leaving premises of origin.
4. Poultry were not vaccinated against any H5 or H7 subtype of avian influenza.
5. Poultry (*choose option below*):
  - Were vaccinated against Newcastle disease (avian paramyxovirus) at least 21 days prior to export using vaccines that do not contain any velogenic strains of Newcastle disease virus. *Date Vaccinated:* \_\_\_\_\_
  - OR
  - Were not vaccinated against Newcastle disease.
6. Poultry presented no evidence of communicable disease of poultry within the 30 days prior to leaving the premise of origin.
7. Poultry were exported from an area that was not under quarantine during the 90 days preceding the exportation.
8. Poultry covered by this certificate do not originate from and have not transited through a region which APHIS considers affected with highly pathogenic avian influenza (HPAI), and no cases of HPAI or Newcastle disease occurred on the premises where the poultry were kept, or on adjoining premises, during the 90 days immediately preceding export.
9. Poultry tested negative within the previous 90 days for:
  - Avian metapneumovirus (also known as Turkey Rhinotracheitis, (TRT), or Swollen Head Syndrome): At least 30 poultry per house were tested using any of the following methods: rRT-PCR, ELISA, or serology.  
*AND (choose option below):*
    - The poultry were vaccinated against metapneumovirus. *Date Vaccinated:* \_\_\_\_\_
    - OR
    - The poultry were not vaccinated against avian metapneumovirus.
  - Egg Drop Syndrome (EDS 76): At least 5 percent or a minimum of 150 poultry were negative for egg drop syndrome.  
**Note:** This statement does not apply to turkeys.
10. The premises of origin tested negative for Salmonella enteritidis (SE) within 30 days by environmental culture, and there is no evidence or knowledge of SE present in the flock.
11. Poultry were not commingled with other birds or poultry of lesser health status than described in this certificate.
12. Poultry were placed in new or appropriately sanitized packaging for shipment to the United States at the premises where the flock or origin was kept.

\*\*\*\*\*Certificate shall be valid for 30 days from date of issue\*\*\*\*\*

*The official veterinarian must endorse the examining veterinarian's signature OR the official veterinarian's signature and government seal may be used alone if the official veterinarian conducted the inspection.*

*Examining Veterinarian:*

<b>Name of Examining Veterinarian (Printed)</b>	<b>Signature of Examining Veterinarian</b>	<b>Date</b>
_____	_____	_____

*Official Veterinarian:*

<b>Name of Official Veterinarian (Printed)</b>	<b>Signature and Seal of Official Veterinarian</b>	<b>Date</b>
_____	_____	_____