NOTE – the instructions in red should be for	ollowed for USDA APHIS endorsement	OMB API	PROVED NUMBER 0579-0278
United States Department of Agriculture Animal and Plant Health Inspection Services Veterinary Services (USDA/APHIS/VS)	s Department of Interior US Fish and Wildlife Service (DOI/USFWS)	National Oceanic and A National Marine	t of Commerce tmospheric Administration e Fisheries Service AA-Fisheries)
	THE EXPORT OF LIVE FINFIS AND THEIR GAMETES) PAR	Г 1 OF 2	
NOTE: Mark all the relevant items with (X) in the approx			ISDA to add health certificate number here
_	_	plete each part of Section 1 with the ir	
Adult Juvenile	Ilture Stocks Dublic Larvae Male Gametes	resource/Wild/Feral Stocks	S Fertilized eggs
1. Genus/species (Latin Name):	(Common Name):	
2. Age (years): Unknown	0-1 >1	Brood	
3. Total Net Weight (kg): (if known) N	Jumber (X1000): Lot Identification	Number of Contain	ers in Consignment:
<u></u>	II. Place of Origin		TEST-AND-SHIP
1. Country/State: *Complete country & state	2. Zone/Compar		the population to be exported is required (i.e., test omplete this declaration:
 Aquaculture Establishment (Name and Address and Addre	on, enter the APHIS Registered Aquaculture	- Select "Aqu	aculture Establishment" certifying negative test ne diseases of concern listed on page 2 of this
	III. Destination	- Select whe	icate. ther the testing performed meets the OIE Aquatic AFS Blue Book requirements as described therein.
1. Country/State: *Country alone is sufficient	2. Zone/Compar	ment:	build be conducted at an "APHIS-Approved"
Aquaculture Establishment (Name and Address and address of the destination required) *Name and address of the destination required	nd Map Coordinates or GPS if known):	for non OIE	or OIE listed diseases, and an "Approved" laboratory listed diseases per the <u>Laboratory Export Testing</u> isted on the IRegs.
Select if this shipment meets the test-and-ship/ premi (see pa. 3 for scenarios)	ises freedom criteria IV. Declarations	- Testing mu	st be conducted within 60 days of the endorsement
	ermining the health status of th e Country Z edures described in the OIE Diagnostic Manual fo	ne/Compartment Aquaculture of Aquaculture of Aquaculture of Aquaculture of Aquaculture of Aquaculture of Aquatic Animal Diseases (current ed	otherwise specified by the destination country). establishment d.), or
The undersigning representatives of the US Competen All samples from the present consignment used in dete were collected and tested in accordance with the proce USFWS/American Fisheries Society-Fish Health Section The Competent Authority certifies that live aquatic anim Aquaculture establishment OIE Diagnostic Manual for Aquatic Animal Diseases (cu	to an official health surveillance scheme according <i>urrent ed.),</i> or USFWS/American Fisheries Society	to the procedures described in the -Fish Health Section Standard	
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NOTE - the instructions in red should be followed for USDA APHIS endorsement

According to the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB number. The time to complete this collection of information is estimated to average .5 hours per response, including the time f or reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

CERTIFICATE NUMBER: USDA to add health certificate number here

HEALTH CERTIFICATE FOR THE EXPORT OF LIVE FINFISH, MOLLUSKS, AND CRUSTACEANS (AND THEIR GAMETES) PART 2 OF 2

**Resources to determine species susceptibility may include: destination country requirements, OIE Aquatic Animal Code/Manual, etc.

EXPORT OF LIVE FINFISH AND GAMETES *Check the box to the left if exporting fish or their gametes

Freedom from the diseases/pathogens listed below has been	Country		Zone		Aquaculture Establishment		
established for the areas denoted on the right	Yes	No	Yes	No	Yes	No	
Epizootic hematopoietic necrosis/EHNV					Indicate "Ye	s " to certify the	
Infectious hematopoietic necrosis/IHNV					animals are	susceptible to	
Infectious pancreatic necrosis/IPNV						AND meet the dom/negative	
Infectious salmon anemia/ISAV					requirement	ts selected on	
Oncorhynchus masou virus disease/OMV			/		page 1 of the certificate.	is health	
Viral hemorrhagic septicemia/VHSV		\backslash		\backslash	Indicate "N/	A" under "No"	
And any of the following if required by the importing zone					column if the animals to be exported are <u>NOT</u>		
Spring viremia of carp/SVCV					susceptible	to the disease.	
*Only add additional finfish pathogens here							
if it is required by the destination country .							

EXPORT OF LIVE MOLLUSKS AND GAMETES *Check the box to the left if exporting mollusks or their gametes

Freedom from the diseases/pathogens listed below has been established for the areas denoted on the right	Country		Zone		Aquaculture Establishment	
	Yes	No	Yes	No	Yes	No
Bonamiosis (Bonamia ostreae, B. exitiosa)						
Haplosporidiosis (Haplosporidium costale, H. nelsoni)					Indicate "Yes" to certify the anima are susceptible to the disease <u>ANE</u> meet the disease freedom/negativ requirements selected on page 1 c	
Marteiliosis (Marteilia refringens, M. sydney)						
Mikrocytosis (Mikrocytos mackini, M. roughleyi)		\backslash		\backslash	this health certi	ficate.
Perkinsosis (Perkinsus marinus, P. olseni)						under "No" column if
And any of the following if required by the importing zone					the animals to t susceptible to t	be exported are <u>NOT</u> he disease.
*Only add additional molluscan pathogens here if it is <i>required by the destination country</i> .						

EXPORT OF LIVE CRUSTACEANS AND GAMETES *Check the box to the left if exporting crustaceans or their gametes

Freedom from the diseases/pathogens listed below has been	Cou	Country		one	Aquaculture Establishment		
established for the areas denoted on the right	Yes	No	Yes	No	Yes	No	
Taura syndrome/TSV					Indicate "Yes"	to certify the animals	
White spot disease/WSSV						e to the disease <u>AND</u> ase freedom/negative	
Yellowhead disease/YHV				\backslash	requirements this health cer	selected on page 1 of tificate	
And any of the following if required by the importing zone						under "No" column if	
*Only add additional crustacean pathogens here						be exported are <u>NOT</u>	
if it is <i>required by the destination country</i> .							

Additional scenarios and how to complete this health certificate

- If the facility is registered AND the country allows/ requires export testing via test-and-ship, then
 - Enter the APHIS Registered Aquaculture Export Facility approval number under "Section II. Place of Origin" > "Aquaculture Establishment."
 - Complete the test-and-ship portion only of "Section IV. Declarations."
- If no testing is required for the destination country and/or species being exported, then
 - Leave both the test-and-ship and premises freedom portions of "Section IV. Declarations" blank.
 - o If the destination country requires the facility to be registered, then
 - Enter the APHIS Registered Aquaculture Export Facility approval number under "Section II. Place of Origin" > "Aquaculture Establishment."
- If the facility is registered AND the country requires export testing via test-and-ship AND premises freedom, then
 - Enter the APHIS Registered Aquaculture Export Facility approval number under "Section II. Place of Origin" > "Aquaculture Establishment."
 - Complete the test-and-ship portion AND the premises freedom portion of "Section IV. Declarations."