

NOTE – the instructions in red should be followed for USDA APHIS endorsement

OMB APPROVED NUMBER 0579-0278

United States Department of Agriculture Animal and Plant Health Inspection Services Veterinary Services (USDA/APHIS/VS)	Department of Interior US Fish and Wildlife Service (DOI/USFWS)	Department of Commerce National Oceanic and Atmospheric Administration National Marine Fisheries Service (DOC/NOAA-Fisheries)
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HEALTH CERTIFICATE FOR THE EXPORT OF LIVE FINFISH, MOLLUSKS, AND CRUSTACEANS (AND THEIR GAMETES) PART 1 OF 2

NOTE: Mark all the relevant items with (X) in the appropriate space.

CERTIFICATE NUMBER USDA to add health certificate number here

I. Identification *Complete each part of Section 1 with the information specific to this shipment

<input type="checkbox"/> Farmed/Aquaculture Stocks		<input type="checkbox"/> Public resource/Wild/Feral Stocks	
<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Larvae	<input type="checkbox"/> Male Gametes
<input type="checkbox"/> Unfertilized eggs	<input type="checkbox"/> Fertilized eggs		
1. Genus/species (Latin Name):		(Common Name):	
2. Age (years): <input type="checkbox"/> Unknown <input type="checkbox"/> 0-1 <input type="checkbox"/> >1 <input type="checkbox"/> Brood			
3. Total Net Weight (kg): (if known)		Number (X1000):	Lot Identification:
Number of Containers in Consignment:			

II. Place of Origin

1. Country/State: *Complete country & state	2. Zone/Compartment:
3. Aquaculture Establishment (Name and Address and Map Coordinates or GPS if known):	
*If the destination country requires facility registration, enter the APHIS Registered Aquaculture Export Facility approval number here in addition to the export facility name & address	

III. Destination

1. Country/State: *Country alone is sufficient	2. Zone/Compartment: *Complete if applicable
3. Aquaculture Establishment (Name and Address and Map Coordinates or GPS if known):	
*Name and address of the destination required	

TEST-AND-SHIP

If testing of the population to be exported is required (i.e., test and ship), complete this declaration:

- Select **"Aquaculture Establishment"** certifying negative test results for the diseases of concern listed on page 2 of this health certificate.
- Select whether the testing performed meets the OIE Aquatic Manual **OR** AFS Blue Book requirements as described therein.
- Testing should be conducted at an **"APHIS-Approved" laboratory for OIE listed diseases, and an "Approved" laboratory for non OIE listed diseases** per the [Laboratory Export Testing Guidance](#) posted on the IRegs.
- Testing must be conducted **within 60 days** of the endorsement date (unless otherwise specified by the destination country).

*Select if this shipment meets the **test-and-ship/ premises freedom** criteria* (see pg. 3 for scenarios)

IV. Declarations

The undersigning representatives of the US Competent Authority attest that: All samples from the present consignment used in determining the health status of the Country Zone/Compartment Aquaculture establishment were collected and tested in accordance with the procedures described in the OIE Diagnostic Manual for Aquatic Animal Diseases (current ed.), or USFWS/American Fisheries Society-Fish Health Section Standard Procedures for Aquatic Animal Health Inspections (AFS "Blue Book", current ed.), with negative results.

The Competent Authority certifies that live aquatic animals or their gametes in the present consignment have as their place of production a Country Zone/Compartment Aquaculture establishment that has been subjected to an official health surveillance scheme according to the procedures described in the OIE Diagnostic Manual for Aquatic Animal Diseases (current ed.), or USFWS/American Fisheries Society-Fish Health Section Standard Procedures for Aquatic Animal Health Inspections (AFS "Blue Book", current ed.), and which is officially recognized as being free from the pathogens or diseases listed in the applicable table on the reverse side.

ONLY ONE ENDORSEMENT IS NEEDED. STAMP APPLICABLE BOX BELOW AND CROSS OUT/INITIAL NON-APPLICABLE BOXES.

*The Category 2 Accredited **USDA/APHIS/VS** Veterinarian completes (Farm raised aquatic livestock) this section

Accredited or Federal Veterinarian:

Name (print):	
Signature	Date

DOI/USFWS
(Freshwater public resource/feral aquatic animals)

Approved Aquatic Animal Inspector:

Name (print)	
Signature	Date

PREMISES FREEDOM

If premises freedom testing AND facility registration are required, complete this declaration:

- Select **"Aquaculture Establishment"** certifying the exporting facility is an approved [APHIS Registered Aquaculture Export Facility](#) for this destination country **AND** is free from the diseases of concern listed on page 2 of this health certificate.
- Select whether testing performed meets the OIE Aquatic Manual **OR** AFS Blue Book requirements as described therein.
- Testing should be conducted at an **"APHIS-Approved" laboratory for OIE listed diseases, and an "Approved" laboratory for non OIE listed diseases** per the [Laboratory Export Testing Guidance](#) posted on the IRegs.

Endorsing Area Veterinarian in Charge:

Name (print):	
Address:	

*The VS Endorsing Official Veterinarian completes this section. Endorsement is not limited to the VS AVIC.

Federal veterinarian (if applicable)	
Name (print)	
Signature:	Date:

Address:

Federal veterinarian (if applicable)	
Name (print)	
Signature:	Date:

Federal Veterinarian (if applicable)	
Name (print)	
Signature:	Date:

Stamp of Competent Authority:

*The stamp should cover the VS Endorsing Official Veterinarian signature.

Stamp of Competent Authority:

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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 for 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 established for the areas denoted on the right	Country		Zone		Aquaculture Establishment	
	Yes	No	Yes	No	Yes	No
Epizootic hematopoietic necrosis/EHNV						
Infectious hematopoietic necrosis/IHNV						
Infectious pancreatic necrosis/IPNV						
Infectious salmon anemia/ISAV						
Oncorhynchus masou virus disease/OMV						
Viral hemorrhagic septicemia/VHSV						
And any of the following if required by the importing zone						
Spring viremia of carp/SVCV						
*Only add additional finfish pathogens here if it is required by the destination country.						

Indicate **"Yes"** to certify the animals are susceptible to the disease **AND** meet the disease freedom/negative requirements selected on page 1 of this health certificate.

Indicate **"N/A"** under "No" column if the animals to be exported are **NOT** susceptible to the disease.

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 (<i>Bonamia ostreae</i> , <i>B. exitiosa</i>)						
Haplosporidiosis (<i>Haplosporidium costale</i> , <i>H. nelsoni</i>)						
Marteiliosis (<i>Marteilia refringens</i> , <i>M. sydney</i>)						
Mikrocytosis (<i>Mikrocytos mackini</i> , <i>M. roughleyi</i>)						
Perkinsosis (<i>Perkinsus marinus</i> , <i>P. olseni</i>)						
And any of the following if required by the importing zone						
*Only add additional molluscan pathogens here if it is required by the destination country.						

Indicate **"Yes"** to certify the animals are susceptible to the disease **AND** meet the disease freedom/negative requirements selected on page 1 of this health certificate.

Indicate **"N/A"** under "No" column if the animals to be exported are **NOT** susceptible to the disease.

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 established for the areas denoted on the right	Country		Zone		Aquaculture Establishment	
	Yes	No	Yes	No	Yes	No
Taura syndrome/TSV						
White spot disease/WSSV						
Yellowhead disease/YHV						
And any of the following if required by the importing zone						
*Only add additional crustacean pathogens here if it is required by the destination country.						

Indicate **"Yes"** to certify the animals are susceptible to the disease **AND** meet the disease freedom/negative requirements selected on page 1 of this health certificate.

Indicate **"N/A"** under "No" column if the animals to be exported are **NOT** susceptible to the disease.

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.
 - 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.”