

**HEALTH CERTIFICATE FOR EXPORTS OF FISH AND FISHERY PRODUCTS TO THE
CANADA**

Certificate number: _____

Exporting country: _____

Country of origin: _____

Authority responsible for the certification:

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I.- IDENTIFICATION OF THE PRODUCT:

Commodity description:

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Species of origin (common and scientific name):

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Origin of the fish: **(1)**.....

Preservation treatment: **(2)**

Nature of packaging:

Number of packages:

Net weight:

Preservation temperature:.....

II.- ORIGIN OF THE PRODUCT:

Name and Official registration number of the manufacturing establishment: **(3)**.....

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III.- PRODUCT DESTINATION:

Place of loading:

Place of destination:

.....

Means of transport (Type and identification):

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Seal number :

Name and address of consignor:

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Name and address of consignee:

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IV.- HEALTH ATTESTATION:

I, the undersigned official veterinarian hereby certifies that:

- 1.- Estonia, in agreement with the common legislation, has established a national program of surveillance and investigation of residues in animals and animal products, which guarantees that the food does not possess residues of antimicrobial substances, pesticides, or any other pollutant, in concentrations that exceed the limits stipulated in the in force legislation in the European Union.
- 2.- According to the surveillance plans according with EU regulations, the products contain no harmful level of radioactivity.
- 3.- The products are fit for human consumption.
- 4.- products have been packaged, stored and transported in compliance with the legislation of the European Union.
- 5.- The products have been prepared, handled in hygienic conditions in an approved establishment under the supervision of the Official Veterinarian Services.
- 6.- The products satisfy parasitological criteria for certain categories of fish and fish products, in accordance with the legislation of the European Union.
- 7.- The products satisfy the organoleptic, hygienic and microbiological requirements in accordance with the legislation of the European Union.
- 8.- The products have been examined and found healthy, not presenting evidences of being able to transmit infectious diseases with his consignment.

Done at:, / on:
(Place) (Date)

Stamp (4)

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.....
Name, qualification and signature of the Official Veterinarian (4)

NOTES:

- (1) Indicate the origin of the fish: Aquaculture or Captured in the wild.
- (2) Indicate the type of preservation treatment: Live, Chilled, Frozen or Processed.
- (3) Manufacturing establishments include factory vessels, freezer vessels, cold stores and processing plants.
- (4) The signature and the stamp must be in a colour different to that of the printing.