EUROPEAN UNION

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EUROPEAN UNION

	II. Health info	rmation								
tion		I, the unde	undersigned official veterinarian, certify the following:							
	II.1.		(insert EU Member State of origin or a region thereof)							
		is officially recognised by the OIE as free from foot and mouth disease without vaccination, and it is from African swine fever, swine vesicular disease and classical swine fever according to the criteri down in the correspondent Chapter of the most recent version of the terrestrial animal health code the OIE.								
	II.2.	The meat	has been obtained from animals tha	t:						
		II.2.1.	II.2.1. have been born, bred and slaughtered in the territory described under point II.1. or in a country or a region thereof with similar animal health status as described under point II.1;							
		II.2.2.	have been slaughtered in an establishment qualified by the SAG to export to Chile(1);							
		II.2.3.	2.3. have passed ante-mortem and post-mortem inspection and have shown no evidence of transmissible diseases;							
	II.3.	The meat: fulfills all the general and specific principles and requirements of EU food legislation and has been found fit for human consumption.								
	II.4.	Storage ar	Storage and transport:							
		II.4.1.	Chilling/freezing is the only metho chemical or biological aditives are		ics, antibiotics or any other					
		II.4.2.	Transport from the slaughterhouse that ensure the maintenance of the							
	Notes									
		Part I:								
	Box I.11:	Place of origin: shall indicate if the establishment of origin is a Slaughterhouse (SH), a Cutting Plant (CP) or a Cold Store (CS)								
	(1)	http://www.sag.gob.cl/opendocs/asp/pagDefault.asp?boton=Doc51&argInstanciaId=51&argCarpetaId=1394&argTreeNodosAbiertos=(1394)(-51)&argTreeNodoActual=1394&argTreeNodoSel=8								
	•	The signat	The signature and the stamp must be in a different colour to that of the printing.							
	•	The certificate must be issued in Spanish and in the language of the EU Member State of origin.								
	Certifying Officer									
	Name (in capital letters) Date of signature Stamp			Qualification and title Signature						