



MINISTRY OF HEALTH AND MEDICAL SERVICES

HEALTH CERTIFICATE REQUEST FORM for EXPORT				EXP : 02
Receiving Officer: Date:		Forwarded to: Date:		Means of Transport: Ship: <input type="checkbox"/> Airplane: <input type="checkbox"/> Product Storage Temperature: Ambient: <input type="checkbox"/> Chilled: <input type="checkbox"/> Frozen: <input type="checkbox"/>
Exporter:		Consignee:		
Address:		Address:		
Proposed Shipment Date (ETD):		Port of Discharge/ Destination Country:		
Container / Airway Bill No:		Type of Packaging:		
Product Description	Brand	Net Weight	No. of Packages	Verification Officer / Remarks
Total:				
Signature of Quality Manager:			Date:	
Certification for Export (For Official Use Only)				
Recommendation (Verification Officer):			Head of Food Unit Comments:	
Signature / Date:			Signature / Date:	
Health Certificate Export Date:			Health Certificate Number:	

Note: Please attach the following documents:

- Seaming Records & Retort Results (Canned & Pouches Products Only)
- Incubation Records (Canned & Pouches Only)
- Lab Analysis-micro and chemical (Internal & External Analysis)
- Processing Records (CCP Records/Sanitation Checks, etc.) & Documents
- Histamine analysis (Canned Tuna & Mackerel only)
- Packing List
- Permit (Fisheries – Fish & Fishery Products Only and BAF Permit- Meat, Dairy and Egg Products Only)