



Environmental Health Section
200 Piedmont Ave. SE., East Tower, Suite 486
Atlanta, GA 30334
<https://dph.georgia.gov/environmental-health/food-service>

Medical Documentation Verification Form - Hepatitis A	
Physician Name:	
Phone #	
Fax #	
Patient/Case #	
Diagnosis:	
Date of Diagnosis:	

(Please initial if the below statement is accurate)

_____ The above Patient/Case # is free from **Hepatitis A virus** infection based on the timeframe of infectious period.

Physician Signature: _____

Date: _____