



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 – Nontyphoid Salmonella	
Physician Name:	
Phone #	
Fax #	
Patient/Case #	
Diagnosis:	
Date of Diagnosis:	

Please provide a summary of medical treatment/tests (include dates of stool samples) that were performed:

Date of stool specimen #1: _____

Date of stool specimen #2: _____

(Please initial if the below statement is accurate)

_____ The Patient/Case# is free of a **nontyphoidal *Salmonella*** infection based on test results showing 2 consecutive negative stool specimen cultures that were taken;

- not earlier than 48 hours after discontinuance of antibiotics and at least 24 hours apart.

Physician Signature: _____

Date: _____