



Environmental Health Section

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Atlanta, GA 30334

<https://dph.georgia.gov/environmental-health/food-service>

Medical Documentation Verification Form - <i>Salmonella Typhi</i>	
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:

(Please initial if the below statement is accurate)

_____ The above Patient/Case # is free from **Salmonella Typhi** infection.

Physician Signature: _____

Date: _____