



Environmental Health Section

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

Medical Documentation Verification Form - Shiga Toxin-producing Escherichia Coli (<i>E.coli</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:

Date of stool specimen #1: _____

Date of stool specimen #2: _____

(Please initial if the below statement is accurate)

_____ The above Patient/Case # is free of SHIGA TOXIN-PRODUCING ESCHERICHIA COLI (*E. coli*) infection based on test results that show 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: _____