



Environmental Health Section

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Atlanta, GA 30334

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

Medical Documentation Verification Form - Sore Throat with Fever	
Physician Name:	
Phone #	
Fax #	
Patient/Case #	
Diagnosis:	
Date of Diagnosis:	

Please check the box that applies:

The above Patient/Case # has received antibiotic therapy for *Streptococcus pyogenes* (Group A Streptococcus) infection for more than 24 hours.

The above Patient/Case # has at least one negative throat specimen culture for *Streptococcus pyogenes* (Group A Streptococcus) infection.

The above Patient/Case # has been determined to be free of a *Streptococcus pyogenes* (Group A Streptococcus) infection. (For this selection, please provide how this was determined below):

Physician Signature: _____

Date: _____