



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 - Symptomatic with Vomiting or Diarrhea	
Physician Name:	
Phone #	
Fax #	
Patient/Case #	
Symptomatic of (circle or check all that apply)	Vomiting Diarrhea
Date of Diagnosed Symptom(s):	

Please provide a summary of tests performed (include dates of stool samples):

Date of stool specimen #1: _____

Date of stool specimen #2: _____

(Please initial if the below statement is accurate)

_____ The Patient/Case # listed above symptom(s) is/are from a noninfectious condition(s)

Physician Signature: _____

Date: _____