

Environmental Health Section

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Hepatitis A – Medical Documentation Verification Form

Physician	
Phone #	
Fax#	
Patient/Case #	
Diagnosis	
Date of Diagnosis	
(Please initial if the s	tatement below is accurate)
The above period.	Patient/Case # is free from Hepatitis A virus infection based on the timeframe of infectious
Physician Signatu	re:
Date:	

