Georgia Department of Public Health

Environmental Health Section
2 Peachtree Street NW, 13th Floor
Atlanta, Georgia 30303-3142
dph.ga.gov

Hepatitis A – Medical Documentation Verification Form

Physician	
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 statement below is accurate)

_____ The above Patient/Case # is free from **Hepatitis A virus** infection.

Physician Signature: _____

Date: _____