

Michigan Care Improvement Registry (MCIR)  
School/Childcare Petition to Modify MCIR Data

**INSTRUCTIONS**

See page 2 for the Petition form.

**All boxes in both the “Requestor’s Information” and the “Child’s Information” sections MUST be completed. Failure to do so will automatically void the request.**

**To Change Immunization (Shot) Dates**

Schools and child cares may request modification to immunization data (under History) for ONLY those shots that are highlighted in red. If the data is underlined, you have the ability to edit the immunization data. (Please see the *MCIR School/Childcare Manual* located at [www.mcir.org](http://www.mcir.org) for instructions.) All other immunization data in the “History” screen that is not in red may not be modified by schools or childcares. These shots were entered by health care providers and can only be modified at the child’s health care provider’s request through their Regional MCIR office. (Please see the exception to this process noted below.)

If the data is highlighted in red but not underlined, a *Petition to Modify MCIR Data* form (hereafter called the Petition) is required along with a copy of the immunization record provided by the parent/guardian. On the Petition, please provide:

- 1) Vaccine name (e.g., DTP, Polio, etc.)
- 2) MCIR shot date
- 3) Documentation’s shot date
- 4) Check either “Modify” or “Delete”
- 5) Putting the phrase “See Attached” is not acceptable. Each shot modification MUST BE spelled out on the Petition.
- 6) **EXCEPTION:** If you find duplicate shot data under the same vaccine, highlighted in red or not, you may request that the duplicate dates be deleted. Simply put “Duplicate Dates” in the “vaccine name” box. You do not have to submit a copy of the parent/guardian’s documentation to make this particular request.

NOTE

Attach additional sheets if needed. **Documentation is required to make any changes to MCIR shot dates.**

**To Change Child’s Date of Birth or Legal Name:**

- 1) Verify the **correct** date of birth and/or legal name for the child with the documentation presented to your school/childcare by the parent/guardian.
- 2) **Print or type** the **correct** date of birth and/or legal name on the Petition form in the box (es) provided. Fax or mail **only** the *Petition*. **Do not send documentation of changes.**

**Duplicate Records**

If you find that the child has more than one MCIR record in the system, submit the information as follows:

- 1) Complete the “Child’s Information” section as required **except** the MCIR ID number.
- 2) In the MCIR ID number box, write the word “Duplicates.”
- 3) In the “Vaccine Name” boxes, list each MCIR ID number associated to the child.
- 4) If the child’s legal name has changed, be sure to include that information in the area provided on the Petition. All of the records will then be changed to reflect the correct name before being marked for merging.

The records will automatically be merged under the MCIR ID number that was populated by the state Vital Records office (birth certificate) if available. If the vital records info is not available, the records will be merged under the MCIR ID number that has the latest health care provider shot entry

All Petitions should be faxed to: 517-335-9855

**OR**

Mailed to: Division of Immunization  
Michigan Dept. of Community Health  
PO Box 30195  
Lansing MI 48909

If you have any questions regarding this form, please call 517-335-8159 and ask for the MCIR Program.

## Michigan Care Improvement Registry (MCIR) School/Childcare Petition to Modify MCIR Data

Requestor's Information		Please Print or Type
Name of School/Childcare (Site Name)		Phone Number include Area Code
Name of Person Completing This Form	County This Site is Located In	Fax Number include Area Code

Child's Information as it currently appears in MCIR	
Current MCIR Name (Last, First, Middle)	MCIR ID Number
Parent/Guardian's Name	Child's Date of Birth (mm/dd/yyyy)
	/      /

To change Immunization date(s)		Attach additional sheet if needed		
Fax a copy of the <b>Immunization Data</b> provided by the parent/guardian.				
Vaccine Name	MCIR Date	Correct Date	Choose One	
	(mm/dd/yyyy)	(mm/dd/yyyy)	Modify	Delete
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Requested documentation is required to make any changes in MCIR**

To change Date of Birth -or- To change a Child's Name				Please Print or Type	
Correct Last Name					
Correct First Name					
Correct Middle Name				Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Correct Suffix (ie - Jr, Sr, I, II, III)	Correct Birth Date	mm	dd	yyyy	

**Do not send documentation – Please see instructions.**

**Fax this sheet and requested documentation to: 517-335-9855**

If you have any questions regarding this form, please call 517-335-8159 and ask for the MCIR Program.

<i>FOR MCIR USE ONLY</i>		
Date	Initials	