



Petition for Modification Form - Immunization Correction

Please fax completed forms to the MCIR Region Six Help Desk 1-906-789-8151

Providers may only request modification to immunization data for those shots that were **not** entered by their office. If the data is underlined in the history screen, you have the ability to edit the immunization data. All other immunization data that is not underlined was entered by other health care providers and cannot be modified by you. These doses can only be modified by a request to the regional MCIR office

If the data is not underlined, this form is required along with a copy of the documentation (e.g., copy of the shot record) supporting this change. On the Petition, please provide:

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

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

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|---|--|-----------------------------------|------------------------------------|------------------------------|-------------|--------|
| All boxes in both the "Requestor's Information" and the "Person Information" sections MUST be completed. Failure to do so will delay the processing of this request. | | | | | | |
| SECTION 1 - Requestor's Information (please print or type) | | | | | | |
| Name of Provider/Practice | | County Practice is Located In | | Area Code + Phone Number | | |
| Person Completing Form | | Email Address | | Area code + Fax Number | | |
| SECTION 2 - Person Information (as it currently appears in MCIR – Please Print/Type) | | | | | | |
| Name (Last, First, Middle, Suffix, etc.) | | Date of Birth (mm/dd/yyyy) | MCIR Person ID | | Gender | |
| | | | | | Male | Female |
| SECTION 3 - Complete the Section Below to Change/Delete Immunization Data (include documentation): | | | | | | |
| Current Vaccine (as it appears in MCIR) | | Current MCIR Date (mm/dd/yyyy) | Correct Vaccine (if applicable) | Correct Date (mm/dd/yyyy) | Check Below | |
| | | | | | Modify | Delete |
| | | | | | Modify | Delete |
| | | | | | Modify | Delete |
| | | | | | Modify | Delete |
| FOR MCIR USE ONLY | | | | | | |
| Date Received: | | Date Corrected: | | Staff Initials: | | |