Petition for Modification Form – Immunization Correction

Return completed forms (one PDF per patient) to the MCIR Help Desk

MDHHS-MCIRHelp@michigan.gov

Providers should only request modification to immunization data for immunizations NOT entered by their office.
Immunizations entered by your office can be modified by you and **do not** require this form.

If the data **is underlined** in the history screen, **you can** modify the immunization data:

Immunization data that is **not underlined** was entered by other health care providers and **cannot be modified by you**.

Form Instructions

- **Complete the REQUIRED Sections 1-3.** Be as specific as possible when listing the Current and Correct Vaccine information – write exactly what is listed in MCIR under Vaccine Name.
  - **Acceptable**: DTaP-Hib-IPV *OR* Pentacel, COVID-19 Pfizer Bivalent, PCV13, Shingrix, HPV4
  - **Unacceptable**: COVID, Influenza/Flu, Pneumonia, Shingles, HPV, or phrases such as "See Attached"
- **Attach a REQUIRED copy of documentation/shot record to support the changes.**
  - **Exception**: The only exception is for duplicate shot dates for the same vaccine. Enter "Duplicate" in the Correct Date field in Section 3. Documentation is not required ONLY for duplicate deletions.
- **Attach additional sheets if needed for additional modifications/deletions.**

Failure to complete ALL Sections 1-4 OR to submit REQUIRED documentation will delay processing of this request.

SECTION 1 - Requestor's Information (REQUIRED)		
Organization Name OR MCIR Site ID Number*	Email Address*	**DOCUMENTATION ATTACHED?**
		☐ **YES – Documentation/shot record is included with this form.**
Full Name - Person Completing Form*	Phone Number*	
	( ) Ext:	☐ **NO – This form is ONLY for a duplicate date request.**

SECTION 2 - Person Information (REQUIRED)				
Last Name	**First Name**	**Middle Name**	**Date of Birth**	**MCIR ID**

SECTION 3 - Immunization Information (REQUIRED)					
Current Vaccine (as shown in MCIR)	**Current Date (mm/dd/yy)**	**Correct Vaccine (if applicable)**	**Correct Date (mm/dd/yy)**	**Check Below Modify**	**Delete**
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

SECTION 4 – SIGNATURE (REQUIRED FOR ALL REQUESTS)		
By signing below, I verify that I have retained legal documentation to support the changes requested above.		
Signature*:		**Date*:**