



Bay County Mosquito Control

810 Livingston Street

Bay City, MI 48708

Phone (989) 894-4555 Fax (989) 894-0526

morenom@baycountymi.gov



Medical Certification Form

Valid for Current Year Only

This is to certify that the patient listed below is severely allergic to mosquito bites or has a serious health problem and requires specialized treatment. Please fill this form out completely.

HEALTH CARE PROVIDER INFORMATION

Health Care Provider Name *(Please print)*

Health Care Provider Signature

Address

City

State

Zip

Phone Number

Fax Number

Please state reason why it would be beneficial for patient to receive additional mosquito control services

PATIENT/GUARDIAN INFORMATION

Name of Patient

Guardian (if patient is under 18)

Street Address

City

State

Zip

Township

Crossroads

Phone Number

Email Address (optional)

Patient/Guardian Signature & Date

For office use only

Entered in Database Mapped

Twp _____ Section # _____ Date Received _____