Bay County Mosquito Control

810 Livingston Avenue
Bay City, MI 48708
(989) 894-4555 Phone (989) 894-0526 Fax

2024
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 _____