



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



**2022  
 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 \_\_\_\_\_