

Michigan Care Improvement Registry (MCIR)
School/Childcare Petition to Modify MCIR Data
See page 2 for the Petition form.

All boxes in both the “Requestor’s Information” and the “Child’s Information” sections **MUST** be completed. Failure to do so will automatically void the request.

Legal Name Change (Adoption):

Only the parent/legal guardian may request a legal name change. They can do so using this form:

https://www.mcir.org/wp-content/uploads/2014/09/SS_Public_Name_Change.pdf

To modify date of birth or eradicate errors in a name:

- 1) Verify the **correct** date of birth and/or child name with the documentation presented to your school/childcare by a parent/legal guardian.
- 2) **Print** or **type** the **corrected** information on the Petition form in the box(es) provided.
- 3) Fax or mail **only** the *Petition*. **Do not send documentation of changes.**

Duplicate Records

If you find that the child has more than one MCIR record in the system, submit the information as follows:

- 1) Complete the “Child’s Information” section as required **except** the MCIR ID number.
- 2) In the MCIR ID number box, write the word “Duplicates.”
- 3) In the “Vaccine Name” boxes, list each MCIR ID number associated to the child.
- 4) If the child’s legal name has changed, be sure to include that information in the area provided on the Petition. All of the records will then be changed to reflect the correct name before being marked for merging.

The records will automatically be merged under the MCIR ID number that was populated by the state Vital Records office (birth certificate) if available. If the vital records info is not available, the records will be merged under the MCIR ID number that has the latest health care provider shot entry

To Change Immunization (Shot) Dates:

Schools and Childcares have the ability to delete or modify any shots entered by their facility. If the shot date is red and underlined, click it for modification.

Any “white data” shots cannot be modified by schools/childcares. This data is entered by a healthcare professional. Have the parent/guardian contact the child’s physician or local health department to fix any errors.

If the data is highlighted in red but not underlined, a *Petition to Modify MCIR Data* form is required along with a copy of the immunization record provided by the parent/guardian. On the Petition, please provide:

- 1) Vaccine name (e.g., DTP, Polio, etc.)
- 2) MCIR shot date
- 3) Documentation’s shot date, a Doctor’s record, NOT a MCIR printout
- 4) Check either “Modify” or “Delete”
- 5) **NOTE:** Putting the phrase “See Attached” is not acceptable. Each shot modification **MUST BE** spelled out on the Petition.
- 6) **EXCEPTION:** If you find duplicate shot data under the same vaccine, highlighted in red or not, you may request that the duplicate dates be deleted. Simply put “Duplicate Dates” in the “vaccine name” box. You do not have to submit a copy of the parent/guardian’s documentation to make this particular request.

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

All Petitions should be Faxed **OR** Mailed to: Division of Immunization, Michigan Department of Health and Human Services
PO Box 30195
Lansing MI 48909
517-335-9855

If you have any questions regarding this form, please call 517-335-8159 and ask for the MCIR Program.

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Requestor's Information		Please Print or Type
Name of School/Childcare (Site Name)		Phone Number include Area Code
Name of Person Completing This Form	County This Site is Located In	Fax Number include Area Code

Child's Information as it currently appears in MCIR	
Current MCIR Name (Last, First, Middle)	MCIR ID Number
Parent/Guardian's Name	Child's Date of Birth (mm/dd/yyyy)
	/ /

To change Immunization date(s)		Attach additional sheet if needed		
Fax a copy of the Immunization Data provided by the parent/guardian.				
Vaccine Name	MCIR Date (mm/dd/yyyy)	Correct Date (mm/dd/yyyy)	Choose One	
			Modify	Delete

Requested documentation is required to make any changes in MCIR

To change Date of Birth -or- To Correct Child's Name					Please Print or Type	
Correct Last Name						
Correct First Name						
Correct Middle Name					Sex:	F M
Correct Suffix (ie - Jr, Sr, I, II, III)		Correct Birth Date	mm	dd	yyyy	

Do not send documentation – Please see instructions.

Fax this sheet and requested documentation to: 517-335-9855		
If you have any questions regarding this form, please call 517-335-8159 and ask for the MCIR Program.		
FOR MCIR USE ONLY		
Date	Initials	