



TUSCOLA COUNTY MOSQUITO ABATEMENT

1500 Press Drive
Caro, Michigan 48723-9291
989-672-3748 Phone ~ 989-672-3724 Fax



2010 Medical Certification Policy

1. Medical Certification Form must be filled out yearly with a doctor's stamp or a doctor's prescription slip with signature must be attached to form. No photo or faxed copies will be accepted. Original Medical Certification Form must be delivered to our office by mail or in person.
2. Only one address per Medical Certification and address must be a primary residence.
3. As a Medical Certification, TCMA staff must be allowed to access property to conduct larval, adult mosquito, and disease surveillance. A Liability Release Form must be signed to be eligible to receive treatment.
4. TCMA staff will visit property and determine if it meets the following eligibility requirements. Residence must meet all three items below to become a Medical Certification.
 - a. Distance between the road in front of Medical Certification house and the next road behind or beside Medical Certification house must be greater than 300 feet (measured from curb). If distance is less than 300 feet then property is getting adequate coverage during normal zone sweeps (under this guideline most urban properties on a corner lot in a village or city would not be eligible to be a Medical Certification).
 - b. Must have reflectorized address sign at/by drive so address can be located in the dark.
 - c. TCMA will evaluate spray route map on Medical Certification property and will have authority to make changes to make application most effective and efficient. Limits by TCMA may be placed on the size of area sprayed or the time spent at each location.
5. If man-made mosquito breeding sites are found on a Medical Certification property a letter will be sent informing resident that they are creating a mosquito problem and if they do not correct the problem within the next two weeks it will jeopardize their eligibility to remain in our Medical Certification program.
6. Those with two inspections that determine man-made mosquito breeding sites on their property will be removed from Medical Certification list for the rest of the control season.
7. Residence with a history of man-made mosquito breeding containers found on their property multiple times (> 2) will automatically be removed from our Medical Certification program for the remainder of the current control season plus the following control year.
8. Approved Medical Certifications will be eligible for service within 7-10 business days after TCMA receives all proper paperwork.
9. Business properties are not eligible to be a Medical Certification unless it serves as a primary residence.



TUSCOLA COUNTY MOSQUITO ABATEMENT

1500 Press Drive
Caro, Michigan 48723-9291
989-672-3748 Phone ~ 989-672-3724 Fax



2010 Medical Certification Form

This is to certify that the patient listed below is severely allergic to mosquito bites or has a serious health problem that would benefit from specialized treatment. Please fill this form out completely. **A doctor's stamp (may be a signature stamp or office address stamp) or a signed preprinted prescription slip is required to be considered for this program. Mail the original copy to the above address. No photo of faxed copies will be accepted.**

Doctor's Information: (Must be filled out completely by Doctor)

Doctor's Name (Please Print)

Office Name

Street Address

City

State

Zip Code

Office Phone Number

Doctor's Stamp

State reason why patient should receive additional mosquito abatement services:

Patient / Guardian Information:

Name of Patient (Please Print)

Guardian (If patient is under 18)

Street Address

City

State

Zip Code

Township of Residence

Home Phone Number

Mosquito Abatement Office Use Only:

Date Received

Date Approved / Denied



TUSCOLA COUNTY MOSQUITO ABATEMENT

1500 Press Drive
Caro, MI 48723
(989) 672-3748 Phone (989) 672-3724 Fax
www.tuscolacounty.org



2010 LIABILITY RELEASE FORM

Per my request I am authorizing a Tuscola County Mosquito Abatement (TCMA) vehicle to drive off my driveway to spray for mosquitoes. I, the undersigned homeowner, hereby agree to hold TCMA and the County of Tuscola, harmless from any and all claims, causes of action, or liability arising, directly or indirectly, from the above-mentioned request. **Please fill this form out completely.**

HOMEOWNER INFORMATION:

PLEASE DRAW A DETAILED MAP OF YOUR PROPERTY IDENTIFYING THE AREA YOU WOULD LIKE SPRAYED. IT IS VERY IMPORTANT THAT THIS MAP ILLUSTRATES THE LOCATIONS OF YOUR SEPTIC TANK, SEPTIC FIELD, WELL HEAD, CLOTHES LINES, FENCES, AND OTHER OBJECTS THAT ARE LOCATED ON THE PROPERTY. BE AWARE THAT MOSQUITO CONTROL CAN MAKE CHANGES TO THIS MAP TO MAKE APPLICATION MORE EFFECTIVE AND EFFICIENT.