



**MICHIGAN AMATEUR HOCKEY ASSOCIATION**  
**Statement of Negative COVID-19 Test Result**  
**(Must be completely filled out)**

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Participant Name

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Organization / Team

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Date of Test

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Time of Test

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Facility Name (test administrator)

**EXEMPTION NOTICE** - Participant has been fully vaccinated, and exempt from the MI Safer Sports Testing Protocol.

I hereby certify that the information provided in this Statement is correct and complete, and that either:

- 1) A negative COVID-19 test result was confirmed on the participant named above.
- 2) The participant named above has been fully vaccinated, thereby not required to conduct weekly testing for COVID-19.

This is in accordance with the May 14<sup>th</sup> Interim Guidance for Athletics, as well as the May 14<sup>th</sup> Epidemic Order, both issued by the Michigan Department of Health & Human Services. I also acknowledge that disciplinary action can be taken against me, or the participant above, should MAHA later determine that this Statement is not accurate.

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Participant Signature & Date

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Parent / Guardian Signature & Date (Required If Athlete is a Minor)