



**UNARMED COMBAT SPORTS
 COVID-19 PRECAUTION FORM**

This form needs to be presented for every unarmed combat event, regardless of license status.

Name <input style="width:95%" type="text"/>	Date of Birth (mm/dd/yyyy): <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> <input style="width:20px" type="text"/>
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I understand that I will be required to follow all COVID-19 safety protocols required by the Department of Safety and Professional Services (DSPS) to compete in an unarmed combat event, including presenting proof of negative COVID-19 tests or proof of full COVID-19 vaccination, if requested.

Event Name	<input style="width:95%" type="text"/>
Event Location	<input style="width:95%" type="text"/>
Event Date (mm/dd/yyyy)	<input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> <input style="width:20px" type="text"/>

YOU MUST COMPLETE OPTION A (testing) OR OPTION B (vaccination) BELOW.

OPTION A - COVID-19 TESTING

1.	Date COVID-19 test was administered (Maximum timeframe allowed is 48 to 72 hours before the event.) (mm/dd/yyyy)	<input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> <input style="width:20px" type="text"/>
2.	Date of Unarmed Combat Event (mm/dd/yyyy)	<input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> <input style="width:20px" type="text"/>
3.	COVID-19 test results (check one)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
4.	Verified by Commission (provide initials in box to the right)	Initials <input style="width:60px" type="text"/>

OPTION B - COVID-19 VACCINATION

1.	Date of final COVID-19 vaccination (Minimum timeframe is 2 weeks before the event.) (mm/dd/yyyy)	<input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> <input style="width:20px" type="text"/>
2.	Date of Unarmed Combat Event (mm/dd/yyyy)	<input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> / <input style="width:20px" type="text"/> <input style="width:20px" type="text"/>
3.	Verified by Commission (provide initials in box to the right)	Initials <input style="width:60px" type="text"/>

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Signature **Date** / /
 (Print and Sign Form) (month) (day) (year)