

## Medical Exception ADHD / ADD

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider: Your patient is a student athlete participating in intercollegiate athletics. The NCAA bans the use of some stimulant medications and requires that the following documentation is submitted to support a request for a medical exception in the case of a positive drug test for such use. For additional information, please visit the NCAA Health &

Safety website <http://www.ncaa.org/wps/ncaa?ContentID=481>

Date of Initial Clinical Evaluation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Required ADHD evaluation components Comments:

- ☐ Comprehensive clinical evaluation (using DSM-IV criteria) \_\_\_\_\_
- ☐ Adult ADHD Rating Scale (e.g., Adult ADHD self report scale (ASRS), CONNER's Adult ADHD reporting scale (CAARS) Score: \_\_\_\_\_
- ☐ Monitored blood pressure<sup>1</sup> and pulse \_\_\_\_\_
- ☐ Alternative non-banned medications have been considered \_\_\_\_\_

**\*\*Please submit copies of test results for the athlete's college medical record/NCAA\*\***

### Additional ADHD evaluation components

Reporting of ADHD symptoms by other significant individual(s): \_\_\_\_\_  
Other Psychological testing: \_\_\_\_\_  
Physical exam Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Results: \_\_\_\_\_  
Laboratory/testing: \_\_\_\_\_  
Previous documentation of ADHD diagnosis: \_\_\_\_\_  
Other/Comments: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication(s) and Dosage: \_\_\_\_\_

The student-athlete will follow-up with me in (circle one) 3 months, 6 months, 12 months, other \_\_\_\_\_

Physician Name (Printed): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician Signature: \_\_\_\_\_ Specialty: \_\_\_\_\_ (MD or DO)

Office Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

*Please feel free to attach any clinical SOAP notes that may help clarify your patient/ our athlete's diagnosis of ADHD/ADD and the need for stimulant medications. **THANK YOU FOR YOUR TIME!***

### Student Athletes: Please complete the following:

I, \_\_\_\_\_, give \_\_\_\_\_ permission to release all information regarding my treatment for ADHD to the \_\_\_\_\_ and the National Collegiate Athletic Association. This authorization will be valid for one calendar year beginning on the date I sign this authorization. I may revoke this authorization at any time by submitting a letter in writing to the Director of Athletic Medicine or another member of the University Health Services, understanding that all information released prior to my revocation is excluded.

My signature below indicates that I have read and understand the above statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ (if under 18 years)

Adapted from AMSSM, 7/09

**NCAA Medical Exception Documentation Reporting Form  
to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)  
and Treatment with Banned Stimulant Medication**

- Complete and maintain (on file in the athletics department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication.
- Submit this form and required documentation to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Drug Testing Exceptions Procedures at [www.ncaa.org/drugtesting](http://www.ncaa.org/drugtesting)).

**To be completed by the Institution:**

Institution Name: \_\_\_\_\_

Institutional Representative Submitting Form:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Student-Athlete Name \_\_\_\_\_

Student-Athlete Date of Birth \_\_\_\_\_

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**To be completed by the Student-Athlete's Physician:**

Treating Physician (print name): \_\_\_\_\_

Specialty: \_\_\_\_\_

Office address \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician documentation (letter, medical notes) to include the following information:

- Diagnosis.
- Medication(s) and dosage.
- Blood pressure and pulse readings and comments.
- Note that alternative non-banned medications have been considered, and comments.
- Follow-up orders.
- Date of clinical evaluation: \_\_\_\_\_
- **Attach written report summary of comprehensive clinical evaluation:**
  - The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores.
  - The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

**DISCLAIMER:** The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.