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 Medical Exceptions Procedures at www.ncaa.org/drugtesting).

To be completed by the Institution:

Institu	tion Name:
Institu	tional Representative Submitting Form:
	Name
	litte
	Email
	Phone
Studer	nt-Athlete Name
Studer	nt-Athlete Date of Birth
Prescr	ibed banned medication
To be	completed by the Student-Athlete's Physician:
	nt Treating Physician (print name):
Specia	lty:
Office	address
Physic	ian signature:Date
Chaola	off that documentation representing each of the items below is attached to this report
	Diagnosis.
	Medication(s) and dosage.
	Has considered a non-banned medication alternative.
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	Follow-up orders.
	Date of clinical evaluation:
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	the original clinical notes of the diagnostic 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.