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

• Complete this form with required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication. This form should be sent to the Gettysburg College Health Center.
• 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).

To be completed by the Institution:

Institution Name:___________________________________________________________

Institutional Representative Submitting Form:
  Name__________________________________________________________
  Title__________________________________________________________
  Email__________________________________________________________
  Phone______________________________

Student-Athlete Name____________________________________________________
Student-Athlete Date of Birth______________________________

To be completed by the Student-Athlete’s Physician:

Current Treating Physician (print name):____________________________________
  Specialty:__________________________________________________________
  Office address____________________________________________________
  Physician signature:________________________________________________
  Date______________________________

Check off that documentation representing each of the items below is attached to this report
  o Diagnosis.
  o Medication(s) and dosage.
  o Blood pressure and pulse readings and comments.
  o Note that alternative non-banned medications have been considered, and comments.
  o Follow-up orders.
  o Date of clinical evaluation: ______________________________
  o **Attach written report summary of comprehensive clinical evaluation. Please note that this includes 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.

http://documentcenter.ncaa.org/msaa/saa/HealthandSafety/FormsTemplates/06142012ADHDreportingform.docx/RHB