NCAA MEDICAL EXCEPTION DOCUMENTATION

Dear Student-Athlete:

As a result of your participation in intercollegiate athletics at The University of the South, you may be randomly selected by the National Collegiate Athletic Association (NCAA) to be drug tested. Classes of substances banned by the NCAA are: stimulants, anabolic agents, diuretics and other urine manipulators, street drugs, peptide hormones and analogues, and anti-estrogens. You should be aware that some prescription medications, which may include those used to treat attention-deficit hyperactivity disorder (ADHD) such as (Adderall, Concerta, Ritalin, etc), asthma (pill form), high blood pressure, and certain metabolic disorders, contain substances included on the NCAA banned substances list.

The NCAA acknowledges that these medications have legitimate medical uses, but the use of these medications requires documentation to be on file with the University of the South, athletic training staff, prior to participation in athletics.

If your physician has prescribed one of the medications on the banned substances list, your physician must fill out the attached form "NCAA MEDICAL EXCEPTION DOCUMENTATION REPORTING FORM" and submit documentation to the athletic training staff at the beginning of EACH school year. We will maintain this information in your file so that in the event of a positive drug test, you will qualify for medical exception under the NCAA Drug Testing Policy. Documentation from your physician can either be (1) a signed letter or (2) copies of medical notes describing each of the following parameters:

1. Diagnosis and the date it was confirmed.
2. Explanation of how the diagnosis was reached (what procedures or assessment tools were used in diagnosing your condition)
3. History of ADHD treatment, previous and ongoing.
4. A statement regarding follow-up and monitoring visits.
5. A statement that a non-banned alternative has been considered if a stimulant has been prescribed.
6. Information about the prescription, including the name of the medication, dosage, and timing, or a photocopy of the prescription.
7. Physician name (printed), office and contact information, specialty and signature.

Additional resources and information, including a list of NCAA banned drug classes with some examples under each class, are available on the NCAA Health and Safety website (http://www.ncaa.org/healthsafety) and the Resource Exchange Center on National Center for Drug Free Sport website (http://www.drugfreesport.com/rec). To log into the Resource Exchange Center, select "NCAA Division III" from the Organization menu and enter "ncaa3" as the password. Your time and cooperation is greatly appreciated.

Sincerely,

Ray Knight, MS, ATC
Director of Sports Medicine
University of the South
Athletic Training Department
(931) 598-1293

VARSITY STUDENT ATHLETES
ATHLETIC HEALTH HISTORY FORM – CONTINUED

NCAA MEDICAL EXCEPTION DOCUMENTATION REPORTING FORM to support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and Treatment with Banned Stimulant Medication

- This form is to be completed and maintained (on file in the athletics department) with required documentation that supports the medical necessity for the student-athlete to be treated for ADHD with stimulant medication.
- Submit this form and the 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 HEALTHCARE PROVIDER*****

STUDENT-ATHLETE: _____ DOB: _____

Physician (print name): _____
Physician Signature: _____
Specialty: _____
Office Address: _____
Office Phone: _____ Office Fax: _____

Diagnosis for stimulant use: _____

Medication and Dosage: _____

Note any non-banned medications that have been considered, and comments: _____
_____
_____

Blood Pressure and Pulse Reading (Last 12 months): _____
_____
_____

Medication follow-up plan: _____
_____

Date of last clinical evaluation for stimulant medication: _____

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 support a diagnosis of 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.

TO BE COMPLETED BY THE INSTITUTION:

Institution Name:	UNIVERSITY OF THE SOUTH, UNIVERSITY ATHLETIC DEPT, SEWANEE, TN
Institution Representative submitting form:	RAY KNIGHT, MS, ATC
Title of Representative:	DIRECTOR OF SPORTS MEDICINE
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