



**Appendix A**

**Cleveland State University Sports Medicine**

**ADD/ADHD NCAA Compliance Form**

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

Name of Student Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_

Treating Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Required Documentation:**

1. Date of Last Evaluation: \_\_\_\_\_ Next Scheduled Visit: \_\_\_\_\_

2. Follow-up orders: \_\_\_\_\_

3. BP: \_\_\_\_\_ Pulse \_\_\_\_\_ Comments: \_\_\_\_\_

4. Diagnosis: ADD \_\_\_\_\_ ADHD \_\_\_\_\_ Other \_\_\_\_\_

5. Medication(s) and dosage (Attach copy of recent prescription):

\_\_\_\_\_  
\_\_\_\_\_

6. Note that alternative non-banned medications have been considered, and comments:

\_\_\_\_\_  
\_\_\_\_\_

7. **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.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Athlete:** Please complete the following:

I, \_\_\_\_\_ give \_\_\_\_\_ permission to release all information regarding my treatment for ADD/ADHD to the Cleveland State University Sports Medicine Department, Team Physicians, 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 Head Athletic Trainer, with the understanding that all information released prior to my revocation is excluded. My signature below indicates that I have read and understand the above statement.

Student Athlete Signature \_\_\_\_\_ Date: \_\_\_\_\_