

## Appendix B

## Cleveland State Athletics Substance Abuse Reasonable Suspicion Reporting Form

Athletic Department Officer, under the reasonable suspicion clause outlined in the Cleveland State University Department of Intercollegiate Athletics Drug Education and Screening Program Policies, reports the following objective signs, symptoms, or behavior(s) that I believe warrant (student athlete name) \_\_\_\_\_ to be referred to a team physician for substance abuse evaluation. I understand that a decision regarding the need for counseling and/or treatment will be made by a Team Physician.

The following signs, symptoms, or behaviors have been observed over the last \_\_\_\_\_ days/weeks:

Student Athlete has shown:

- \_\_\_ Poor motivation
- \_\_\_ Sloppy hygiene and appearance
- \_\_\_ Lack of hustle during participation
- \_\_\_ Irritability or loss of temper
- \_\_\_ Failure to follow orders
- \_\_\_ Lack of discipline
- \_\_\_ Unexplained absences

Student Athlete has recurrent problems with:

- \_\_\_ Being late to practice or team meetings
- \_\_\_ Missing appointments
- \_\_\_ Ignoring curfew
- \_\_\_ Staying up too late
- \_\_\_ Falling asleep during the day
- \_\_\_ Missing class

Appearance of the following signs and/or evidence of illness:

- \_\_\_ Dilated or constricted pupils
- \_\_\_ Droopy eyelid or reddish eyes
- \_\_\_ Excessive scratching and breaking out of skin
- \_\_\_ Constantly running red nose
- \_\_\_ Recurrent bouts of flu or cold that require medical attention
- \_\_\_ Appears over-stimulated or hyper
- \_\_\_ Becomes withdrawn and less communicative
- \_\_\_ Repeated automobile traffic violations

Known violation of the following:

- \_\_\_ CSU Student-Athlete Code of Conduct
- \_\_\_ CSU Student Code of Conduct
- \_\_\_ State Law

Other specific objective findings include: \_\_\_\_\_

_____ Signature	_____ Print	_____ Date
_____ Reviewed By	_____ Print	_____ Date
_____ Team Physician Signature	_____ Print	_____ Date