

Appendix D

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: _____

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 most recent prescription): _____

6. Note if 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: _____