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 V	isit:
2. Follow-up orders:		
3. BP:Pulse	Comments:	
4. Diagnosis: ADDADHD	Other	
5. Medication(s) and dosage (Attach co	opy of most recent prescription	n):
6. Note if alternative non-banned med	lications have been considered	, and comments:
7. Attach written report summary of individual and family history, address history of ADHD treatment, and incodocumentation, such as completed AD	any indication of mood disord orporate the DSM criteria to	ders, substance abuse, and previous diagnose ADHD. Attach supporting
Provider signature:		Date:
Student Athlete: Please complete the	following:	
I,	treatment for ADD/ADHD to the cians, and the National Collendar year beginning on the collendar year by submitting a letter in writing released prior to my revocation	ne Cleveland State University Sports llegiate Athletic Association. This date I sign this authorization. I may g to the Head Athletic Trainer, with
Student Athlete Signature		Date: