

NCAA Medical Exception ADHD Documentation Reporting Form

This form must be completed for medical exception requests following a positive stimulant NCAA drug test and submitted to the NCAA-designated drug testing agency (See Section 8.0 of the NCAA Drug-Testing Manual).

Note: The NCAA must approve the use of anabolic agents, hormone and metabolic modulators, peptide hormones, growth factors, related substances and mimetics before the student-athlete is allowed to participate in competition while taking these medications.

To be completed by the College/University: College/University Name: College/University Representative Submitting Form:			
		Name:	Title:
		Phone:	Email:
Student-Athlete Name:			
Student-Athlete Date of Birth:			
Medication for which approval is requested:			
If this is a submission for continued use of a previously here $\hfill\Box$	approved medical exception for the banned substance check		
To be completed by the student-athlete's physician:			
Current Treating Physician (print name):			
Specialty:			
Office address:			
Physician signature:	Date:		

Include the following medical documentation with this form for ADHD disorder and treatment with a banned stimulant:

Comprehensive clinical evaluation summary by physician, psychologist/neuropsychologist, psychiatrist or psychiatric nurse practitioner with training in diagnosis and/or treating ADHD, please note this is not an exhaustive list:

1. <u>Written Summary</u>:

Summarize the diagnostic evaluation, including the original clinical notes.

Diagnostic Standards:

Diagnosis must adhere to DSM5 criteria for ADHD and list the criteria used for diagnosis.

Evaluation Details:

- Conduct a thorough psychiatric history review.
- Document individual and family history related to ADHD.
- Evaluate and document any comorbid conditions specifically: mood disorders, anxiety disorders, history of substance use.

Secondary Source Verification:

Obtain mandatory collateral information from at least one secondary source (e.g., parent, teacher, secondary healthcare provider, school records, etc.).

Acceptable forms: written feedback, formal ADHD rating scales, parental testimonials, report cards
or behavioral assessments from sources familiar with the student's behavior.

Medication History and Current Prescription:

- Medication Documentation:
 - Provide the name of each stimulant prescribed (e.g., Adderall, Ritalin, Vyvanse).
 - o Include dosage and frequency (e.g., "10 mg Adderall, twice daily").
 - Outline any adjustments in dosage since the initial prescription.
- Non-Banned Alternatives:
 - List any non-stimulant medications or therapies previously tried (e.g., Strattera, Wellbutrin) or rationale for not trying.
 - o Include evidence for the lack of effectiveness or contraindications for each alternative.
- Time Range of Treatment:
 - Document the start date of stimulant medication and any changes over the treatment period (e.g., "Vyvanse started in June 2022; dosage increased in September 2023").

Follow Up Orders:

- Monitoring Plan:
 - o Include the timeline and type of follow-up visits (e.g., quarterly visits for the first year, biannual thereafter).
 - Provide details on any regular assessments to evaluate the efficacy of treatment and any potential side effects.
- Supporting Documentation:
 - Ensure that updated prescriptions and follow-up notes are maintained in the athlete's file.

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.