

NCAA Medical Exception Documentation Reporting Form

This form must be completed for all medical exception requests and faxed along with medical documentation to 317-917-6989. (See Medical Exception Procedures at www.ncaa.org/drugtesting).

Note: The use of anabolic agents, hormone and metabolic modulator, or peptide hormones, growth factors, related substances and mimetics, must be approved by the NCAA 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: _____

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:

Pre-approval requests for anabolic agents, hormone and metabolic modulator, or peptide hormones, growth factors, related substances and mimetics:

- Diagnostic evaluation; include any laboratory work supporting the diagnosis.
- Treatment history.
- Medication(s) and dosage.
- Follow-up orders.

Requests for ADHD disorder and treatment with a banned stimulant:

- Diagnostic and treatment history.
- Medication(s) and dosage.
- Follow-up orders.
- Date of clinical evaluation: _____
- Written summary of comprehensive clinical evaluation, including original clinical notes of the diagnostic 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. The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

Requests for all other banned medications:

- Diagnostic evaluation; include any laboratory work supporting the diagnosis.
- Treatment history indicating that all available medical options were tried before prescribing banned substance.
- Medication(s) and dosage.
- Follow-up orders.

Requests for continued use for pre-approved medications:

- Diagnostic evaluation; include any laboratory work supporting the diagnosis.
- Treatment history.
- Medication(s) and dosage.
- Follow-up orders.

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.