



ADHD/ADD Form

*This form is required (when applicable) if you are varsity student-athlete.
Due August 1 for students entering fall semester. Due January 1 for students entering spring semester.*

THIS FORM IS TO BE COMPLETED BY THE PRIMARY CARE PROVIDER.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) MEDICATION EXEMPTION INFORMATION

The student-athlete presenting this form plans to, or already, participates in intercollegiate athletics at our institution which is governed by the rules and regulations of the NCAA. New legislation beginning August 1, 2009 involves the collection of medical records for student-athletes diagnosed/treated for ADHD/ADD utilizing specific medication which may be banned by the NCAA. In order to show compliance with this new legislation, we are asking our student-athletes to present this form to their primary care provider – to complete and provide additional information requested below in order to continue/begin their NCAA participation while also continuing to take their ADHD/ADD medication.

Examples of NCAA Banned-Drug Class Stimulants (Visit www.ncaa.org/health-safety for more information.)

- Amphetamine
- Atomoxetine
- Dexmethylphenidate
- Dextroamphetamine
- Methamphetamine
- Methylphenidate

Student-Athlete First and Last Name: _____ Date of Birth: _____

Date of initial evaluation: _____ Blood Pressure: _____

Date of most recent follow-up: _____ Pulse: _____

Provider Diagnosis: _____

Prescribed Medication/Follow-up Orders: _____

Provider, please provide:

- ✓ A brief summary of the comprehensive clinical evaluations used to diagnose this student-athlete with ADHD/ADD (reference DSM-IV criteria) and any supporting documentation.
- ✓ Any note-worthy alternative non-banned medications that have been tried or considered, and why they are not utilized.
- ✓ Any ADHD Rating Scale (ex: Connors, ASRS, CAARS) scores and report summaries.

If available, please provide a copy of:

- ✓ ADHD/ADD symptoms by other health care providers
- ✓ Any psychological testing results
- ✓ Laboratory/testing results helping to diagnose ADHD/ADD
- ✓ Previous ADHD/ADD diagnosis summaries not completed/diagnosed by the current provider

Provider Name: _____

STAMP

Specialty: _____

Physician Signature: _____

Date Signed: _____