

DOCUMENTATION FOR DIAGNOSIS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) and PRESCRIPTION OF STIMULANT MEDICATION

The NCAA bans classes of drugs because they can harm student-athletes and can create an unfair advantage in competition. Some legitimate medications contain NCAA banned substances, and student-athletes may need to use these medicines to support their academics and their general health. Effective August 2009, the NCAA has passed a stricter policy on documentation for medical exception of banned drugs. Most commonly this exception occurs in cases of Attention Deficit Hyperactivity Disorder (ADHD).

TO BE COMPLETED BY PRESCRIBING PHYSICIAN:

Today's Date: M ____ / D ____ / Y ____

Patient Name

Date of Birth

Date of Initial evaluation: M ____ / D ____ / Y ____

Date of last follow-up evaluation: M ____ / D ____ / Y ____

Official Diagnosis: _____

The following supporting documentation **must be attached** to this form in order for the above student-athlete to receive a medical exception for the use of an NCAA banned substance:

- Clinical evaluation notes referencing use of DSM-IV guidelines
- Results from any ADHD Rating Scales [i.e. Conners, ASRS, CAARS, etc.]
- Consideration of non-stimulant medications and reasons they were not utilized
- Blood pressure and heart rate readings and analysis
- Follow-up orders for patient

**Please supply any other pertinent information regarding diagnosis, if available

DOCUMENTATION OF CURRENT PRESCRIPTION:

Medication

Dosage

Name of Prescribing Health Care Professional

Specialty

Signature of Prescribing Health Care Professional

Office Phone Number

Office Address

City

State

Postal Code

Country

Student-Athletes, please complete the following:

I, _____, give _____ permission to release all information regarding my treatment for ADHD to Boston University Athletic Training Services 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 Director of Athletic Medicine or another member of the University Health Services, understanding that all information released prior to my revocation is excluded. My signature below indicates that I have read and understand the above statement.

Signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____ (if under 18 years)