## 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 Exceptions Procedures at <a href="https://www.ncaa.org/drugtesting">https://www.ncaa.org/drugtesting</a>).

Note: The use of anabolic agents, hormone and metabolic modulators, 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:	
Email:	
Phone:	
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 modulators, 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.