

Transylvania University Athletic Training Department
Attention Deficit Hyperactivity Disorder (ADHD) Medication Exemption Information

Primary Care Physician/Health Care Provider

The student-athlete presenting this form to you plans to or does participate in intercollegiate athletics at our institution. Our institution is governed by the rules and regulations of the NCAA. New legislation beginning August 1, 2009, involves the collection of medical records for those student-athletes diagnosed/treated for ADHD/ADD utilizing specific medication which may be banned by the NCAA. In order to show compliance, we are asking our student-athletes to deliver this letter to their primary care physician/health care provider requesting completion and return in order to continue/begin their NCAA participation while continuing the use of their ADHD/ADD medication. Please return this form and necessary attachments to the student-athlete. Student-athletes may choose to give you permission to fax or mail the required documentation. See contact information. All student-athlete medical information will be kept confidential.

Transylvania University
Athletic Training Department
300 N. Broadway
Lexington, KY 40508
Phone 859-233-8850
Fax 859-233-8638

Examples of NCAA Banned-Drug Class

Stimulants: amphetamine, atomoxetine, dexamethylphenidate, dextroamphetamine, methamphetamine and methylphenidate. For more information please visit www.ncaa.org/health-safety.

Student-Athlete's Name: _____ **Date of Birth:** _____

Date of Initial Evaluation: _____ Date of most-recent follow up: _____

Blood Pressure / Pulse Reading and Comments: _____

Physician's Diagnosis: _____

Medication (s) and Dosage Prescribed: _____

Follow-up Orders: _____

Required Attachments:

- 1) A summary of the comprehensive clinical evaluations used to diagnose this student-athlete with ADHD (Reference DSM-IV criteria) and supporting documentation.
- 2) A statement that a non-banned ADHD alternative has been **considered** if a stimulant is currently prescribed.
- 3) ADHD Rating Scales (ex: Connors, ASRS, CAARS) scores, report and supporting documentation.

If available, please provide copies of the following:

- ✓ ADHD symptoms by other health care providers
- ✓ Psychological testing results
- ✓ Laboratory/testing results
- ✓ Physical exam date and results
- ✓ Summary of previous ADHD diagnosis not completed/diagnosed by current physician

Printed Name of Physician: _____

Address: _____

Specialty: _____

Signature: _____ Date: _____