

Appendix D

Cleveland State University Sports Medicine ADD/ADHD NCAA Compliance Form
Adapted from the NCAA Medical Exception Documentation Reporting Form to Support the Diagnosis of
Attention Deficit Hyperactivity Disorder (ADHD) and Treatment with Banned Stimulant Medication

Name of Student Athlete: _____ DOB: _____

Treating Physician: _____ Specialty: _____

Office Address: _____

Office Phone: _____ Fax: _____

1. Date of Last Evaluation: _____ Next Scheduled Visit: _____

2. Follow-up orders: _____

3. BP: _____ Pulse _____ Comments: _____

4. Diagnosis: ADD _____ ADHD _____ Other _____

5. Medication(s) and dosage (Attach copy of most recent prescription): _____

6. Note if alternative non-banned medications have been considered, and comments:

_____ to diagnose ADHD. Attach supporting
documentation, such as completed ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores.

Provider signature: _____