

Whitman College Intercollegiate Athletics
Attention Deficit Hyperactivity Disorder (ADHD)
Medication Exemption Information

Dear Physician/Health Care Provider:

The student-athlete presenting this form to you plans to or already participates in intercollegiate athletics at our institution. Our institution is governed by the rules and regulations of the NCAA. Beginning August 1, 2009, NCAA regulations require the collection of medical records for those student-athletes diagnosed/treated for ADHD/ADD, including those utilizing specific medication which are banned by the NCAA. In order to be in compliance with this new NCAA requirement, we are asking our student-athletes to take this form to their prescribing physician/health care provider. We ask that you provide the following documentation so that this student-athlete may continue/begin their NCAA participation while also continuing to take their ADHD/ADD medication.

Please return this form to the student-athlete or to the following address:

Whitman College
Brooke Kennedy, Head Athletic Trainer
345 Boyer Ave
Walla Walla, WA 99362

Examples of the NCAA Banned-Drug Class: Stimulants including 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 visit: _____

Blood Pressure: _____ Pulse: _____

Physician's Diagnosis: _____

Medication Prescribed/Follow-up Orders: _____

- Please attach 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.
- Please attach noteworthy alternative non-banned medications that have been tried or considered and why they were not utilized.
- Please attach any ADHD Rating Scale (ex: Connors, ASRS, CAARS) scores and report summaries.
- Please provide a voided copy of the recent prescription.

If available, please provide copies of the following:

- ADHD/ADD symptoms reported by other health care providers
- Any psychological testing results
- Laboratory/testing results used to help diagnose ADHD/ADD in this student-athlete
- Previous ADHD/ADD diagnostic summaries not completed/diagnosed by the current physician

Name of Physician: _____

Address: _____

Stamp

Specialty: _____

Signature: _____ Date: _____