



NCAA ADD/ADHD PRESCRIPTION REFILL REQUIREMENTS FOR FIRST-YEAR/TRANSFER STUDENT-ATHLETES

PRINT THIS DOCUMENT AND BRING TO YOUR PRESCRIPTION REFILL APPOINTMENT

FRESHMAN/TRANSFER ATHLETE DOCUMENTS REQUIRED CHECKLIST

- The NCAA Medical Exception Documentation Reporting Form** to be completed **IN FULL, SIGNED, AND STAMPED** by your physician for your most recent refill appointment. Do not worry about the "To be completed by the Institution" section; this will be completed by the athletic trainer assigned to your sport once you deliver the material. **The exemption form is on the next page of this document.**
- Original testing documents** your physician did when you were first diagnosed with ADD/ADHD. The last bullet point on the exemption form your physician checks off indicates examples of what testing methods are acceptable (e.g., Connors, ASRS, CAARS). If the current physician is not who tested the athlete, they should still have these on file, otherwise you **MUST** contact the diagnosing physician to obtain these records or be retested.
- Doctor Note** from the most recent visit, on official letterhead, indicating:
 - a. Athlete still needs the medication
 - b. Medication name and details (e.g., Adderall XR, 10mg)
 - c. Administration instructions (times per day, as needed, etc.)
- Office visit summary** from **AS MANY PAST APPOINTMENTS AS POSSIBLE** which ADD/ADHD medication was prescribed.

BRING ALL DOCUMENTATION TO YOUR SPORT'S ATHLETIC TRAINER

REVIEW OF NCAA POLICY

The NCAA has strict guidelines regarding medications for the treatment of ADD/ADHD as they are considered performance enhancers. These drugs are banned **UNLESS** proper exemption paperwork is maintained. As such, student athletes under prescription medication treatment for ADD/ADHD are required to maintain specific documentation, which must be kept up to date and on file. If the student-athlete is randomly selected for a drug test and test positive for the substance, it is a **FAILED DRUG TEST WHICH RESULTS IN SUSPENSION FROM ATHLETIC PARTICIPATION** unless this information is up to date.

MANDATORY STUDENT-ATHLETE REQUIREMENTS

The ADD/ADHD information is held in strict confidence and will only be reviewed by the Catawba College Sports Medicine team. Please note, it is the **RESPONSIBILITY OF THE STUDENT ATHLETE** to obtain their records and bring them to athletics for their file. The Sports Medicine team is **UNABLE** to request these on your behalf, and **IS ALSO NOT RESPONSIBLE** for reminding athletes to provide updated information from **EVERY DOCTOR APPOINTMENT** a medication refill is prescribed.

Sports Medicine recommends student athletes involve, if necessary, their parents in this process to help the athlete remember this information is required.

IMPORTANT: Continued use of ADD/ADHD medication requires subsequent documentation. Go to gocatawbaindians.com and navigate to the Sports Medicine landing page. Under Resources select and print 'CURRENT Athlete ADD-ADHD Prescription Refill Requirements' and bring to the prescription refill doctor appointment. Remember, it is not the responsibility of Catawba College Sports Medicine to remind student-athletes to maintain their records.

**NCAA Medical Exception Documentation Reporting Form
to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)
and Treatment with Banned Stimulant Medication**

- Complete and maintain (on file in the athletics department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication.
- Submit this form and required documentation to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Medical Exceptions Procedures at www.ncaa.org/drugtesting).

To be completed by the Institution:

Institution Name: _____

Institutional Representative Submitting Form:

Name _____

Title _____

Email _____

Phone _____

Student-Athlete Name _____

Student-Athlete Date of Birth _____

Prescribed banned medication _____

To be completed by the Student-Athlete's Physician:

Current Treating Physician (print name): _____

Specialty: _____

Office address _____

Physician signature: _____ Date _____

Check off that documentation representing each of the items below is attached to this report

- Diagnosis.
- Medication(s) and dosage.
- Has considered a non-banned medication alternative.
- Blood pressure and pulse readings and comments.
- Follow-up orders.
- Date of clinical evaluation: _____
- Attach written report summary of comprehensive clinical evaluation. Please note that this includes the 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.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.