

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: \_\_\_\_\_