

William & Mary Division of Sports Medicine
Attention Deficit Hyperactivity Disorder (ADHD) Medication Exemption Information Form

Primary Care Physician/Health Care Provider:

The student-athlete presenting this form to you plans to or already participates in intercollegiate athletics at William & Mary. Our institution is governed by the rules and regulations of the NCAA (www.ncaa.org), thus requiring 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 with this legislation, we are asking our student-athletes to take this letter to their primary care physician/health care provider to fill out and to provide the following information **in order to continue/begin their NCAA participation** while also continuing to take their ADHD/ADD medication.

Please return this form & supporting documentation to the student-athlete or to the following address or fax number:

William & Mary
c/o Division of Sports Medicine
PO Box 399
Williamsburg, VA 23187-0399
Phone (757) 221-3407 // Fax (757) 221-4361

I authorize the release of this information and the results of this examination to the William & Mary Division of Sports Medicine staff.

Student Signature: _____

Date ____ / ____ / ____

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

Date of initial evaluation: _____ Date of most recent follow-up: _____

Physician's Diagnosis: _____

Medication Prescribed/Follow-up Orders: _____

(Examples of the NCAA Banned-Drug Class: Stimulants include amphetamine, atomoxetine, dexamethylphenidate, dextroamphetamine, methamphetamine, and methylphenidate. For more information please visit www.ncaa.org/health-safetly.)

- ✓ 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 any ADHD Rating Scale (ex: Connors, ASRS, CAARS) scores and report summaries.
- ✓ Please include medication documentation, along with a copy of the script for the current medication. The student-athlete does not have to be put on a trial of non-stimulant medication **but** documentation must note that a non-stimulant alternative was considered and why the stimulant medication was chosen instead.
- ✓ If available, please provide copies of the following:
 - Any psychological testing results
 - Laboratory/testing results helping to diagnose ADHD/ADD

Name of Physician: _____

Address: _____

Specialty: _____

Signature: _____

Date: _____

STAMP