



NCAA Medical Exception Documentation Reporting Form

This form must be completed for medical exception requests following a positive NCAA drug test and submitted to the NCAA-designated drug testing agency (See [Section 8.0 of the NCAA Drug-Testing Manual](#)).

Note: The NCAA must approve the use of anabolic agents, hormone and metabolic modulators, peptide hormones, growth factors, related substances and mimetics **before the student-athlete is allowed to participate in competition while taking these medications.**

To be completed by the College/University:

College/University Name: _____

College/University Representative Submitting Form:

Name: _____ Title: _____

Phone: _____ Email: _____

Student-Athlete Name: _____

Student-Athlete Date of Birth: _____

Medication for which approval is requested: _____

If this is a submission for continued use of a previously approved medical exception for the banned substance check here

To be completed by the student-athlete's physician:

Current Treating Physician (print name): _____

Specialty: _____

Office address: _____

Physician signature: _____ Date: _____

Include the following medical documentation with this form:

Pre-approval requests for anabolic agents, hormone and metabolic modulators, peptide hormones, growth factors, related substances and mimetics:

- Diagnostic evaluation; include any laboratory work supporting the diagnosis.
- Treatment history.
- Medication(s) and dosage.
- Follow-up orders.

Requests for ADHD disorder and treatment with a banned stimulant:

- Diagnostic and treatment history.
- Medication(s) and dosage.
- Follow-up orders.
- Date of clinical evaluation: _____
- Written summary of comprehensive clinical evaluation, including original clinical notes of the diagnostic evaluation. The evaluation should include individual and family history, address any indication of mood disorders, substance use, anxiety disorders and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. The assessment must document collecting collateral from a second source other than the patient (e.g., parent, teacher, report cards, etc.). The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

Requests for all other banned medications:

- Diagnostic evaluation; include any laboratory work supporting the diagnosis.
- Treatment history indicating that all available medical options were tried before prescribing banned substance.
- Medication(s) and dosage.
- Follow-up orders.

Requests for continued use for pre-approved medications:

- Diagnostic evaluation; include any laboratory work supporting the diagnosis.
- Treatment history.
- Medication(s) and dosage.
- Follow-up orders.

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.