

Athletic Training Form

NCAA Requirement Regarding ADD and ADHD Medication

The student-athlete’s documentation from the prescribing physician to the Bates College sports medicine staff should contain a minimum of the following information to help ensure that ADD and ADHD has been diagnosed and is being managed appropriately. **Failure to provide information below will result in non-clearance of student-athlete’s participation until compliance of this request has been satisfied as per NCAA requirements.**

It is the responsibility of the student-athlete to mail or fax this document to their prescribing physician for completion. The physician needs to fax or mail all completed documentation and forms to the Bates College Sports Medicine Department, c/o Mike Verville 130 Central Ave. Lewiston, ME 04240. Fax #: 207-755-5959.

Student’s Name _____ DOB _____
Sport(s) _____

1. Date and description of the evaluation process which identifies the assessment tools and procedures. _____

2. Summary of comprehensive clinical evaluation (referencing DSM-IV criteria) – attach supporting documentation.

3. ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) attach scores and report summary supporting documentation.

4. If supporting documentation is not provided for #2 and #3 above, please explain why. _____

5. Statement of the Diagnosis, including when it was confirmed. _____

6. History of ADD or ADHD treatment (previous and ongoing). _____

7. Blood pressure and pulse readings and comments. _____

8. Statement that a non-banned ADD or ADHD alternative has been considered if a stimulant is currently prescribed. _____

9. Please list current medication, dosage, and frequency prescribed. **Please include current prescription as part of this requirement.** _____

10. Statement regarding follow-up and monitoring visits. _____

Additional ADHD evaluation components below should be provided if available:

11. Report of ADHD symptoms by other significant individual(s). _____

12. Psychological testing results. _____

13. Physical exam date and results. _____

14. Laboratory/testing results. _____

15. Summary of previous ADHD diagnosis. _____

16. Other comments. _____

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 a whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.

**Return to: Bates College Sports Medicine c/o Mike Verville 130 Central Ave Alumni Gym
Lewiston, Me 04240
Fax #: 207-755-5959**

Please Provide Physician's Signature, Printed Name, Date, and Specialty _____

Physician's Address and Phone
PLEASE USE ADDRESS STAMP