



**Dartmouth College** HANOVER · NEW HAMPSHIRE · 03755

*Health Service, Dick Hall's House, 7 Rope Ferry Road, HB 6143*

TELEPHONE 603/646.9400

## **NCAA Banned Substance Documentation Requirements**

Dear Parents and Health Care Providers,

Your child/patient, a student at Dartmouth College, plans to participate in intercollegiate athletics at our institution. The NCAA has compiled a list of prescribed medications composed of substances that are generally purported to be performance enhancing and/or potentially harmful to the health and safety of the student-athlete. These medications are banned for use by NCAA athletes. The NCAA recognizes that some banned substances are used for legitimate medical purposes and allows exception to be made for those student-athletes with a documented medical history demonstrating the need for treatment with a banned medication. Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta blockers, diuretics, anti-estrogens, beta-2 agonists, peptide hormones and anabolic agents. Learn more about the NCAA drug testing program on their website:

**<http://www.ncaa.org/health-and-safety/policy/drug-testing>**

**Student-athletes taking stimulant medication for the treatment of ADD/ADHD must provide specific documentation of diagnosis and treatment to allow for medical exception.** The Dartmouth College Health Service requests the information indicated on the enclosed form: Medical Exception Form—ADD/ADHD. This additional documentation is critical for his/her eligibility in athletics.

**Use of peptide hormones and anabolic agents must be pre-approved by the NCAA before the student-athlete is allowed to participate in competition while taking these medications.** This can be accomplished through the coordination of the prescribing physician and the Head Athletic Trainer.

**For all other medications in the banned substance categories listed above,** prescribing physicians may submit as documentation: a letter or copies of medical notes documenting how the diagnosis was reached, and that the student-athlete has a medical history demonstrating the need for treatment with the banned medication. The letter should contain information as to the diagnosis (including appropriate verification of the diagnosis), medical history and dosage information.

**Anyone can inquire about the status of any prescription medication at the Drug Free Sport Axis:**

Website: <https://dfsaxis.com/users/login>

Organization: NCAA Division I

Password: ncaa1

Create an account to inquire about dietary supplements.

**Documentation of the use of banned medications is required to be re-submitted annually as long as your patient continues to participate in NCAA athletics.** In providing this required documentation, you acknowledge that you have reviewed the patient's health history and have provided safety information regarding banned substance use as well as misuse guidelines.

Jeffrey Frechette, MSED, ATC  
Head Athletic Trainer  
Dartmouth College Sports Medicine

Ann Bracken, MD, PhD  
Director of Clinical Medical Services  
Dartmouth College Health Service

## Dartmouth College Health Service

Attn: Medical Records—Athlete Records

7 Rope Ferry Road

Hanover, NH 03755

### Medical Exception Form—ADD/ADHD

Please only return these pages if form is applicable.

Form only applies to those students being treated for ADD/ADHD with prescription medication.

Date: \_\_\_\_\_

Student-athlete name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### To be completed by student-athlete:

I, \_\_\_\_\_, give \_\_\_\_\_  
(physician) permission to release all information regarding my treatment for ADHD to The Dartmouth College Health Service and National Collegiate Athletic Association. This authorization will be valid for one calendar year, beginning on the date I sign this authorization. I may revoke this authorization at any time by submitting a letter in writing to the Director of the Dartmouth College Health Service, understanding that all information released prior to my revocation is excluded. My signature below indicates that I have read and understood the above statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature : \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under 18)

#### To be completed by Health Care Provider:

Provider: Your patient is a student-athlete participating in intercollegiate athletics. The NCAA bans the use of some stimulant medications and requires that the following documentation is submitted to support a request for a medical exception in the case of a positive drug test for such use. For additional information, please visit the NCAA Health & Safety website: <http://www.ncaa.org/health-and-safety/policy/drug-testing>

Date of Clinical Evaluation: \_\_\_\_\_

#### 1.) Required ADHD documentation components:

**Attach written report of comprehensive clinical evaluation. Please note that this includes the original clinical notes of the diagnostic evaluation.** This 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) scores. Please also submit copies of test results for inclusion in student-athlete's College medical record.

The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

**Continued on next page**

Dartmouth College Health Service

Attn: Medical Records—Athlete Records

7 Rope Ferry Road, Hinman Box 6143

Hanover, NH 03755

**Medical Exception Form—ADD/ADHD, continued**

Student-athlete name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**2.) Optional ADHD evaluation summary:**

**(This may not replace the required documentation requested in item 1 on the previous page):**

- Comprehensive clinical evaluation (using DSM-5 criteria): \_\_\_\_\_
- Previous documentation of ADHD/Diagnosis: \_\_\_\_\_
- Medication(s) and dosage: \_\_\_\_\_
- Alternative non-banned medications which have been considered: \_\_\_\_\_  
\_\_\_\_\_
- Adult ADHD Rating scale score: \_\_\_\_\_  
(e.g. Adult ADHD Self-Report Scale (ASRS), Conners' Adult ADHD Rating Scales (CAARS))
- The student athlete will follow-up in: 3 months   6 months   12 months   other \_\_\_\_\_  
(please circle)
- Monitored blood pressure and pulse: \_\_\_\_\_
- Other/comments: \_\_\_\_\_

**Provider Name (printed):** \_\_\_\_\_ MD DO NP PA

**Provider signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Specialty: \_\_\_\_\_

Office address: \_\_\_\_\_  
\_\_\_\_\_

Office phone: \_\_\_\_\_

**If this form is applicable, submit completed form with Athletic History and Physical Exam form to:**

Dartmouth College Health Service

Attn: Medical Records—Athlete Record

7 Rope Ferry Road, Hinman Box 6143

Hanover, NH 03755

Fax: 603-646-9410

Email: [tracy.a.purcell@dartmouth.edu](mailto:tracy.a.purcell@dartmouth.edu)