



A DEPARTMENT OF THE
COLLEGE HEALTH SERVICE
7 Rope Ferry Rd.
Hanover, NH 03755
603-646-9419

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 the student 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.

Benjamin Schuler, MS, NHLAT, ATC
Head Athletic Trainer
Dartmouth College Sports Medicine

Kristine Karlson, MD
Team Physician
Dartmouth College Health Service



Only return this page if form is applicable.

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

Student name: _____ Date of birth: _____

TO BE COMPLETED BY HEALTH CARE 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>

Checklist for Required ADHD Documentation :

- Written report of comprehensive clinical testing (neuropsychological testing).**
 - 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.
 - The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.
 - Attach supporting documentation, such as completed ADHD Rating Scale(s) scores and copies of test results.
- Letter or clinical notes of the original diagnostic evaluation, including:**
 - How the diagnosis was reached, and that the student-athlete has a medical history demonstrating the need for treatment with the banned medication.
 - Which non-banned alternative medications which have been considered.
 - Medication, dosing, and follow-up plan.
- Letter or clinical notes of the most recent follow-up note with the prescribing provider (must be within the last calendar year).**

Please summarize care here:

Date of initial diagnosis: _____ Date of most recent follow-up visit: _____

Follow-up interval: 3 months 6 months 12 months Other: _____

Current medication/dosage: _____

Alternative non-banned medications which have been considered: _____

Other comments: _____

Provider name (printed): _____ MD DO NP PA

Provider signature: _____ Date: _____

Specialty: _____ Office address: _____

Office phone: _____

Completed form should be returned with Athletic History and Physical Exam form to:

Dartmouth College Health Service
Attn: Sports Medicine—Athletic Physical
7 Rope Ferry Road, Hinman Box 6143
Hanover, NH 03755

Fax: 603-646-9410
Email: sports.medicine@dartmouth.edu