

Keystone Hall, Sports Medicine
Office: (610) 683-4085
Kutztown, PA 19530
Fax: (610) 683-4664

## Dear Health Care Provider:

Your patient, a student-athlete at Kutztown University, plans to or already participates in intercollegiate athletics at our institution. The NCAA (National Collegiate Athletic Association) requires that all athletes on stimulant medication for the treatment of ADD/ADHD provide adequate documentation of diagnosis and treatment to allow for a medical exemption. Stimulant medications are typically banned for use by NCAA athletes unless medical necessity is clearly documented by the host university. Kutztown University's Office of Sports Medicine is requesting the following information in order for your student-athlete to continue or begin their NCAA participation. **This is critical for their participation in NCAA sports**.

Please complete the enclosed form that <u>will be required annually</u> if your patient participates in NCAA athletics and continues to require stimulant medications for their treatment. In completing this paper work, you acknowledge that you have reviewed the patient's health history and have informed them at some time of the safety information regarding stimulant use as well as misuse guidelines. Please attach any consult letters or notes that may clarify their diagnosis and the need to use stimulant medications for treatment.

Thank you for taking the time to do this. We greatly appreciate your assistance as we all try to comply with NCAA requirements!

Sincerely,

Sports Medicine Staff

## If not submitting along with your Pre-Participation Physical Paperwork, Mail to:

Attn: Athletic Physical packet

Kutztown University of PA Office of Sports Medicine

Keystone Hall 124 Kutztown, PA 19530

Policy manual/.../KU\_ADHA\_Eval&Compliance\_form.doc Last revised 5-2022



## Medical Exception ADHD / ADD



Date://20	
Name: In	g in Intercollegiate Athletics at Kutztown lications and requires that the following dical exception in the case of a positive drug
Date of Clinical Evaluation://20	
Required ADHD evaluation components:	Comments:
Comprehensive clinical evaluation (using DSM-IV	criteria)
Adult ADHD Rating Scale (e.g., Adult ADHD self ADHD reporting scale (CAARS) Score:	report scale (ASRS), CONNER's Adult
Monitored blood pressure1 and pulse	
Alternative non-banned medications have been cor	
**please submit copies of test results for the SA's medical record & NCAA purposes**	
Additional ADHD evaluation components Reporting of ADHD symptoms by other significant individed the Psychological testing; Physical exam date: / / Results: Laboratory/Other testing; Previous documentation of ADHD diagnosis: Other/Comments:	
Current Diagnosis:	
The Student-Athlete will follow-up with me in (circle one):	3 months, 6 months, 12 months, other
Physician Name (Printed):	Date:/
Physician Signature:	
Office Address:	Office #:
Please feel free to attach any clinical SOAP notes that may help clarify ADHD/ADD and the need for stimulant medications. THANK Student Athletes: Please complete the following;	fy your patient/ our student-athlete's diagnosis of YOU FOR YOUR TIME!
I,, giveDr	
permission to release all information regarding my treatmer University Office of Sports Medicine, and the National Col authorization will be valid for one calendar year beginning of revoke this authorization at any time by submitting a letter or another member of the University Health & Wellness Sereleased prior to my revocation is excluded.	nt for ADHD/ADD to the Kutztown llegiate Athletic Association. This on the date I sign this authorization. I may in writing to the Director of Sports Medicine
My signature below indicates that I have read and understand	nd the above statement.
Signature:	Date:
Parent/Guardian signature:Dat	e: (if under 18 years)