



**Lynchburg College Athletic Training
ADHD Medical Exemption Form**

Please have form completed by your physician and return with your Athletic Training paperwork prior to the start of your athletic season. Criteria on the form must be completed for NCAA medical exemption status for any athlete taking ADHD medications. Without medical exemption the athlete will test positive when drug tested by Lynchburg College and/or the NCAA. We appreciate your cooperation in this documentation process.

Required Evaluation Components:

Student-Athlete Name: _____ Date of Birth: _____

Physician Name (printed) and Specialty: _____

Physician Office Address: _____

City/State: _____ Zip: _____

Physician Phone: _____ Date of Clinical Evaluation: _____

BP: _____ HR: _____ Comments: _____

Diagnosis: _____

Alternative Non-Banned Substances have been considered. Yes/No Comments: _____

Medication(s) and Dosage: _____

Follow-Up Orders: _____

Evaluation Components (if available):

Reported ADHD symptoms: _____

Psychological Testing Results: _____

Laboratory/Testing Results: _____

Summary of Previous ADHD Diagnosis: _____

Attachments MUST Include: Please attach ADHD rating scale (e.g. Conners, ASRS, CAARS), scores, and report summary. Supporting documentation of the comprehensive clinical evaluation (referencing DSM-IV criteria), and a copy of the most recent prescription.

Physician signature: _____ Date: _____