

Yale HEALTH

Medical Exception ADHD / ADD

Date ____ / ____ / ____

Name _____ Date of Birth ____ / ____ / ____

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/wps/ncaa?ContentID=481>

Date of Clinical Evaluation: ____ / ____ / ____

Required ADHD evaluation components

Comments:

- Comprehensive clinical evaluation (using DSM-IV criteria) _____
- Adult ADHD Rating Scale (e.g., Adult ADHD self report scale (ASRS), CONNER's Adult ADHD reporting scale (CAARS) Score: _____
- Monitored blood pressure¹ and pulse _____
- Alternative non-banned medications have been considered _____

****please submit copies of test results for the athlete's college medical record/NCAA****

Additional ADHD evaluation components

Reporting of ADHD symptoms by other significant individual(s): _____

Other Psychological testing: _____

Physical exam Date: ____ / ____ / ____ Results: _____

Laboratory/testing: _____

Previous documentation of ADHD diagnosis: _____

Other/Comments: _____

Diagnosis: _____

Medication(s) and Dosage: _____

The student-athlete will follow-up with me in (circle one) 3 months, 6 months, 12 months, other _____

Physician Name (Printed): _____ Date: ____ / ____ / ____

Physician Signature: _____ Specialty: _____ (MD or DO)

Office Address: _____ Contact #: _____

*Please feel free to attach any clinical SOAP notes that may help clarify your patient/ our athlete's diagnosis of ADHD/ADD and the need for stimulant medications. **THANK YOU FOR YOUR TIME!***

Student Athletes: Please complete the following;

I, _____, give _____ permission to release all information regarding my treatment for ADHD to the _____ and the 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 Athletic Medicine or another member of the University Health Services, understanding that all information released prior to my revocation is excluded.

My signature below indicates that I have read and understand the above statement.

Signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____ (if under 18 years)

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date					
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.			Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?							
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?							
3. How often do you have problems remembering appointments or obligations?							
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?							
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?							
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?							
Part A							
7. How often do you make careless mistakes when you have to work on a boring or difficult project?							
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?							
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?							
10. How often do you misplace or have difficulty finding things at home or at work?							
11. How often are you distracted by activity or noise around you?							
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?							
13. How often do you feel restless or fidgety?							
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?							
15. How often do you find yourself talking too much when you are in social situations?							
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?							
17. How often do you have difficulty waiting your turn in situations when turn taking is required?							
18. How often do you interrupt others when they are busy?							
Part B							

Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder

A. Either 1 or 2

1. **Inattention:** six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

- often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- often has difficulty sustaining attention in tasks or play activities
- often does not seem to listen when spoken to directly
- often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- is often easily distracted by extraneous stimuli
- is often forgetful in daily activities

2. **Hyperactivity-impulsivity:** six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities quietly
- is often "on the go" or often acts as if "driven by a motor"
- often talks excessively

Impulsivity

- often blurts out answers before questions have been completed
- often has difficulty awaiting turn
- often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

Yes or No

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

Yes or No

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

Yes or No

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorders, or a Personality Disorder). **Yes or No**

Physician Signature: _____ Date: _____

**NCAA Medical Exception Documentation Reporting Form
to Support the Diagnosis of Attention Deficit Hyperactivity Disorder(ADHD)
and Treatment with Banned Stimulant Medication**

Complete and maintain (on file in the athletics department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication.

Submit this form and required documentation to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Drug Testing Exceptions Procedures at www.ncaa.org/drugtesting).

To be completed by the Institution:

Institution Name: YALE UNIVERSITY

Institutional Representative Submitting Form:

Name Stephanie Arlis-Mayor, MD
Title Chief of Athletic Medicine
Email stephanie.arlis-mayor@yale.edu
Phone 203-432-0334

Student-Athlete Name _____

Student-Athlete Date of Birth _____

To be completed by the Student-Athlete's Physician:

Treating Physician (print name): _____

Specialty: _____

Office address: _____

Physician Signature: _____ Date _____

Physician Documentation (letter, medical notes) to include the following information:

- Diagnosis.
- Medication(s) and dosage.
- Blood pressure and pulse readings and comments.
- Note that alternative non-banned medications have been considered, and comments.
- Follow-up orders.
- Date of clinical evaluation: _____

Attach written report summary of comprehensive clinical evaluation:

- The 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) (e.g., Connors, ASRS, CAARS) scores.
- The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis of other evaluation made, or exam performed, in connection herewith, or for any subsequent actions taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.