



# Adult ADHD Evaluation Summary

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Effective August 1, 2009, the NCAA will require stricter documentation procedures for student-athletes seeking a medical exception to allow the regular use of a medication that contains a banned substance. Stimulant medications commonly prescribed to treat ADHD, such as Adderall and Ritalin are among banned substances for which a medical exception for a positive drug test may be granted, provided the institution is able to provide documentation that those substances have been prescribed by a physician for educational or health reasons. As an NCAA institution, Calvin College Sports Medicine is required to have the following on file in the student-athlete's medical record: Record of evaluation, statement of diagnosis, history of treatment (previous and ongoing), and a copy of the most recent prescription. This form has been developed to facilitate the ease by which a physician can provide the necessary documentation.

## Part I - To Be Completed by Student-Athlete

<b>ATHLETE'S NAME (Last, First, MI)</b>	<b>BIRTH DATE</b>
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In signing, I agree that Calvin College and the National Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder. Furthermore, I understand that stimulants are Schedule-II drugs, which are controlled medications by the DEA (Drug Enforcement Agency). As such, my physician cannot give refills for my stimulant medication unless a new prescription is written for each refill and cannot refill my prescription by telephone. I also understand that the misuse of stimulant medications is a common and recognized concern in the United States. **Because of this, Calvin College and the NCAA will not tolerate any misuse and that any appearance of misuse will be reported to my prescribing physician and could result in the discontinuation of my stimulation treatment by my physician.** To prevent the misuse of my prescribed Schedule-II drugs, I agree to not share my prescription with anyone and will store it in a safe location where it will be inaccessible to others.

<b>SIGNATURE OF ATHLETE</b>	<b>SIGNATURE OF PARENT/GUARDIAN (If under 18)</b>	<b>DATE</b>

## Part II - To Be Completed by Examining Physician

### Clinical Evaluation

<b>EXAMINATION DATE</b>
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<b>SUMMARY OF COMPREHENSIVE CLINICAL EVALUATION</b>

<b>BLOOD PRESSURE</b>	<b>HEART RATE</b>	
<b>COMMENTS</b>		

<b>ADHD RATING SCALE(S) SCORES AND REPORT SUMMARY (e.g. Connors, ASRS, CAARS) - ATTACH DOCUMENTATION</b>

HAVE ALTERNATIVE NON-BANNED MEDICATIONS BEEN CONSIDERED?	YES	NO
COMMENTS		

CLINICAL DIAGNOSIS

MEDICATION(S) AND DOSAGE - ATTACH COPY OF CURRENT PRESCRIPTION

FOLLOW UP ORDERS

Additional Components and Comments (If Available)	Available	
	YES	NO
LABORATORY/TESTING RESULTS - ATTACH IF AVAILABLE		
PSYCHOLOGICAL TESTING RESULTS - ATTACH IF AVAILABLE		
PHYSICAL EXAM - ATTACH IF AVAILABLE		
SUMMARY OF ANY PREVIOUS DIAGNOSIS - ATTACH IF AVAILABLE		

OTHER COMMENTS

PHYSICIAN'S NAME (LAST, FIRST)	SPECIALTY(IES)
CONTACT INFORMATION	

PHYSICIAN'S SIGNATURE	DATE