Dear Cornell student athlete:

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 exception. Stimulant medications are banned for use by NCAA athletes unless medical necessity is clearly documented by their university.

To participate in Cornell Athletics, you must secure the attached documentation from your health care provider. (Submission of this information is required every year of NCAA athletes who require stimulant medications for treatment.)

To meet this requirement, please take the following steps:

1. Review the attached materials: a letter to your health care provider and the form entitled “Medical Exception ADHD / ADD.”

2. Fill in the section at the bottom of the form that begins with “To be completed by Cornell student athletes.” If you are under age 18, your parent or guardian also must sign the form. Your health care provider will not be able to provide this information without your written permission.

3. Forward the materials to the clinician who provides your treatment for ADHD/ADD. Request that he/she complete and return the form as soon as possible. It is your responsibility to make sure Cornell Health Sports Medicine receives your form.

Timely provision of this information is critical to your participation as a student athlete at Cornell. We greatly appreciate your assistance as we all try to comply with NCAA requirements.

Sincerely,

David C. Wentzel, D.O.
Chief of Sports Medicine
Dear Health Care Provider:

Your patient is, or will soon be, a student-athlete at Cornell University participating in intercollegiate athletics.

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 exception. Stimulant medications are banned for use by NCAA athletes unless medical necessity is clearly documented by their university.

Please complete the attached form, which is required for your patient / our student athlete to participate in NCAA athletics. (Submission of this information will be required every year of NCAA athletes who require stimulant medications for treatment.)

In completing this form, you acknowledge that you have reviewed the patient’s health history and have informed them of safety information regarding stimulant use and misuse. Please attach any consult letters or SOAP notes that may clarify their diagnosis and the need for stimulant medications as part of treatment.

Return this form and any relevant documentation to:

Cornell Health
Attn: Sports Medicine Department
110 Ho Plaza
Ithaca, NY 14853-3101
Phone: 607 255-5156
Fax: 607/255-7786

This information is critical to the participation of this student in Cornell Athletics. We greatly appreciate your assistance in providing it.

Sincerely,

David C. Wentzel, D.O.
Chief of Sports Medicine

Diversity and inclusion are a part of Cornell University’s heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities.
Medical Exception ADHD / ADD

Student Athlete’s Name: ___________________________________________ DOB: _____/_____/_____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Your patient is a student athlete participating in intercollegiate athletics at Cornell University. 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 and Safety website: www.ncaa.org [search: ADHD].

1. Date of ADHD/ADD Diagnosis: _____/_____/_____

2. Required ADHD evaluation components (Submit copies of test results for the athlete’s college medical record/NCAA.)
   - 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 pressure and pulse ____________________________
   - Alternative non-banned medications that have been considered ____________________________
   - Comments: ____________________________

3. 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: ____________________________

4. The student-athlete will follow-up with me in (circle one): 3 months  6 months  12 months  other ______

5. Physician information
   Name (please print): ___________________________________________ Date: _____/_____/_____.
   Physician Signature: ___________________________________________ Specialty (MD or DO): ____________
   Office address: ___________________________________________
   Phone number: _____/

   In addition to test results, please 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.

TO BE COMPLETED BY CORNELL STUDENT ATHLETE

I, (print your name) ___________________________________________ give permission to (print name of health care provider above) ___________________________ to release all information regarding my treatment for ADHD to Cornell Health 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 Chief of Sports Medicine at Cornell Health, understanding that all information released prior to my revocation is excluded. My signature below indicated that I have read and understand the above statement.

Student Athlete Signature: ___________________________ Date: _____/_____/_____.

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

02/2017