|  |
| --- |
| Case# (for National Office use only) |
|  |

NAIA Official Medical Exemption Form

The NAIA recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the NAIA allows exemptions to be made for those student-athletes with documented medical history demonstrating the need for regular use of such a drug. Exemptions may be granted for substances included in the following classes of banned drugs: stimulants, anabolic agents, beta blockers, diuretics, peptide hormones, anti-estrogens, and beta-2 agonists.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | Name of Athlete: |  |  | Sport(s): |  |
|  | Institution: |  |  | Conference: |  |
|  | Address: |  | | | |

|  |  |
| --- | --- |
| **2.** | List all doctor proscribed medications currently being taken by student. Include diagnosis and date medication was initially prescribed for the student, as well as the issue date of the student’s current prescription. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rx | Diagnosis |  | Date Rx Began | Date of Current Rx |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **3.** | I hereby certify that the above information is complete and accurate: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Student-Athlete Signature |  | Name (please print) |  | Date |
|  |  |  |  |  |  |
|  | Parent Signature (if student-athlete is a minor) |  |  |  |  |

|  |  |
| --- | --- |
| **4.** | In the event that the student tests positive for a banned substance, the following information is required to be completed by the treating physician (M.D. or D.O.): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Current Treating Physician |  | Specialty |  | Date Assessment Completed |
|  |  |  |  |  |  |
|  | Physician Office Address and Phone: |  |  | | |
|  |  |  |  | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Physician Signature |  | Today’s Date |  |  |

|  |  |
| --- | --- |
| **Required Materials:** | |
| \_\_\_\_\_\_\_\_ | Complete Assessment/Notes/Diagnosis | |
| \_\_\_\_\_\_\_\_ | Medications(s) and dosage | |
| \_\_\_\_\_\_\_\_ | Blood pressure and pulse readings and comments | |
| \_\_\_\_\_\_\_\_ | Note that alternative non-banned medications have been considered, and comments | |
| \_\_\_\_\_\_\_\_ | History of treatment (previous/ongoing) | |
| \_\_\_\_\_\_\_\_ | Laboratory/testing results (if applicable) | |
| \_\_\_\_\_\_\_\_ | ADHD rating scale (if applicable) | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Athletics Director Signature |  | Athletic Trainer Signature |

|  |  |  |
| --- | --- | --- |
|  |  | Send this form to:  NAIA National Office, Attn: Student-Athlete Wellness 120 W. 12th Street, Suite 700, Kansas City, Mo. 64105  **All 4 areas of this form must be completed before the request can be considered by the National Office.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICIAL USE ONLY — DO NOT WRITE IN THIS SPACE** | | | |
|  | **Granted** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAIA National Office | \_\_\_\_\_\_\_\_\_\_\_ Date |
|  | **Denied**. The request does not meet criteria established by membership. |