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.

Case # (for national Office use Only)

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)

Athletic Director Signature _____ Athletic Trainer Signature _____

Send this form and transcript to: NAIA National Office, Attn: Legislative Services
All 4 areas of this form must be completed before the request can be considered by the National Office, Legislative Services Dept.

FOR OFFICIAL USE ONLY — DO NOT WRITE IN THIS SPACE

☐ **Granted**

☐ **Denied.** The request does not meet criteria established by membership.

NAIA Legislative Services Dept. _____ Date _____