NATIONAL ASSOCIATION OF INTERCOLLEGIATE ATHLETICS

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: _____

_____ _____ _____

Student-Athlete Signature | Name (please print) | Date

_____

Parent Signature (if student-athlete is a minor)

2. List all doctor prescribed 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 I agree to waive my HIPAA and/or FERPA protections and 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

_____ _____ _____

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
_____	Note that alternative non-banned medications have been considered, and comments
_____	History of treatment (previous/ongoing)
_____	Laboratory/testing results (if applicable)

Athletics Director Signature _____ Athletic Trainer Signature _____