



## INSTRUCTIONS:

1. The information in this packet is for **INTERCOLLEGIATE & CLUB SPORT ATHLETICS**. This information is **not** for health services. Please complete all of the enclosed forms. For intercollegiate (varsity) sports, they must be returned to the St. Mary's College of Maryland Department of Athletics and Recreation **no later than August 1, 2009**. For club sports, they must be returned to the Office of Student Activities.
2. Please use an ink pen (not a pencil) when completing these forms.
3. A completed sports medicine packet includes the following (please check off before mailing):
  - EMERGENCY INFORMATION SHEET
  - MEDICAL INFORMATION UPDATE - Please review with parent/guardian
  - PRE-PARTICIPATION PHYSICAL EVALUATION SHEET - performed and signed by an MD, DO, CRNP or PA. A physical given by a chiropractor will not be accepted.
  - SIGNATURE PAGES - Please read each statement carefully and sign where appropriate. **\*\*Please note that INTERCOLLEGIATE ATHLETES only need to sign the Insurance Notification and Insurance Coverage Agreement part.\*\***
  - NCAA BANNED DRUGS LIST SIGNATURE - Please review list with your physician if you are currently taking any prescription medication. Read note on bottom of banned list and discuss with your physician.
  - COPY OF INSURANCE CARD - both sides.
4. Return all forms to:

<u>For intercollegiate (varsity) sports:</u> Sports Medicine Department of Athletics and Recreation St. Mary's College of Maryland 18952 E. Fisher Rd. St. Mary's City, MD 20686	<u>For club sports:</u> Office of Student Activities St. Mary's College of Maryland 18952 E. Fisher Rd. St. Mary's City, MD 20686
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**\*\*Please note** - Whether or not the student-athlete is a minor, the primary insurance holder **must** sign the insurance notification and insurance coverage agreement lines of the signature pages.

Though most of our student-athletes are not considered minors (under the age of 18), we strongly encourage all parents/legal guardians to read and sign all of the forms to make sure they understand the policies and procedures of the SMCM Department of Athletics and Recreation. If the student-athlete is considered a minor, the signature of a parent/legal guardian is required.

**\*\*Final note** (Intercollegiate athletes only)- If the student-athlete requires the use of some form of medication unique to him/her (that is, an asthma inhaler, an epi-pen), please bring one extra to be placed in the training kit to be used as a back-up in emergency situations. Also, if the student-athlete wears contact lenses, we suggest that he/she places a back-up set in the training kit in case of loss or tear.

## **Intercollegiate Athletes Only**

Dear Parent/Guardian and Student-Athlete interested in Intercollegiate Athletics:

As the athletic trainers at St. Mary's College of Maryland (SMCM), we are excited about our 2009-2010 intercollegiate sports season. Our goal in the Department of Athletics and Recreation is to ensure the safety of our student-athletes. However, there is always the possibility of injury through participation in sports. The purpose of this letter is to inform you of the insurance procedures that the College follows when a student-athlete sustains an injury.

The athletic accident insurance at SMCM is a secondary or excess insurance policy. This type of policy provides coverage for your son/daughter only for incidents occurring during official contests or practices of intercollegiate athletics. This includes sponsored and authorized travel. This plan will **only** be used after a \$1,000.00 disappearing deductible is met. Therefore, only after the \$1,000 deductible has been met, either through payments by your primary insurance or out of your own pocket, will the SMCM secondary insurance policy be used. Currently, K&K Insurance Group is our secondary policy carrier.

Under National Collegiate Athletic Association (NCAA) regulations, all student-athletes must be covered by a medical insurance plan in order to participate in intercollegiate athletics. In addition to that, this medical insurance policy must **not** exclude participation in intercollegiate athletics and must **not** have a maximum benefit of less than \$75,000. The NCAA provides insurance excess of a \$75,000 deductible through the NCAA Catastrophic Injury Insurance Program. In order to reduce a significant out-of-pocket expense to student-athletes whose insurance has a maximum benefit of less than \$75,000, the NCAA now requires insurance coverage of at least \$75,000. In order to ensure that all of these guidelines are met, the following items are required:

1. A current copy of the insurance card for the student-athlete must be returned with the packet.
2. A signed statement stating that the insurance policy for your son/daughter does not specifically exclude varsity and/or intercollegiate athletics participation and does not have a maximum benefit of less than \$75,000.
3. A signed statement stating that in the event of a change in insurance, within 5 working days verbal notification will be given to the Department of Athletics and Recreation. Within 10 working days written notification of the updated policy information and a copy of the new insurance card will be forwarded.

In the event that these requirements are not met, your son/daughter will be excluded from practicing and competing in varsity athletics.

The NCAA discourages any college or university from providing athletic insurance coverage or paying medical bills related to illnesses or conditions which are not sustained as the direct result of an accident in our intercollegiate athletics program. This includes preexisting conditions and non-intercollegiate athletic injuries. Injuries and illnesses sustained outside of official intercollegiate athletic competitions, practices, or travel will not be treated by the SMCM Department of Athletics and Recreation. If you have any questions or concerns, please call us at 240-895-2135.

Jim Cranmer, A.T., C  
Head Athletic Trainer  
St. Mary's College of Maryland

Sarah Tipsword, MS, A.T., C, PES  
Assistant Athletic Trainer  
St. Mary's College of Maryland

## CLAIM PROCEDURES

All medical bills for your son/daughter which were incurred as the result of an accident in the intercollegiate sports program will be sent directly to your son/daughter or to your home address. In some cases, the SMCM Sports Medicine Department may receive a copy of the bill, but in no case will the athletic department be the primary place for the bill to be sent. You should:

1. Submit the bills to your family employer group or plan first. They will do one of two things:
  - a. Honor the claim and pay all or a portion of the bills incurred.
  - b. Not honor the claim and send you a letter of denial.
2.
  - a. If a balance remains after your insurance plan has contributed toward the claim, send the claim sheet from the insurance company and a copy of the itemized bills to K&K Insurance at the address below.

**OR**
  - b. If you receive a letter of denial from your insurance plan administrator, send the letter of denial and a copy of the bills to K&K Insurance at the address below.

**OR**
  - c. If no coverage is available, send a letter from your employer with verification to the K&K Insurance at the address below.
3. Any claim(s) needs to be submitted to K&K Insurance within 90 days of the date of injury, regardless of status with your primary insurance company. Address the necessary paperwork to:

K&K Insurance  
1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, Indiana 46801  
(800) 237-2917  
(260) 459-5915 Fax

4. If the bills incurred are not paid by your insurance plan, the claim will be processed by K&K Insurance. If they need any additional information, please cooperate with them so that they may process the claim.

## Intercollegiate and club sport athletes

Dear Parent/Guardian and Student-Athlete:

Hypertrophic cardiomyopathy (HCM) is the most common cause of sudden death in young athletes, according to Dr. Barry Maron, director of the Hypertrophic Cardiomyopathy Center at the Minneapolis Heart Institute Foundation. It is also the most common cause of natural sudden death in young people in the general public. HCM is a genetic disease that causes the walls of the left ventricle to enlarge, usually during adolescence. The thickened ventricle does not relax fully, inhibiting the flow of blood into the heart. It is estimated that 600,000 American have HCM; many of them will never exhibit a symptom, but some 6,000 will die each year from it. Unlike some other conditions associated with the heart, such as high cholesterol and coronary artery disease, exercise puts individuals with HCM at a higher risk of sudden death. It is believed that an athlete every two weeks will die during or immediately after exercise due to HCM.

### Prevention:

The best prevention for HCM is early detection. A thorough medical history included as part of a physical exam will allow your physician to determine if further follow-up is necessary. This would include an electrocardiogram (ECG), followed up with an echocardiogram (ECHO) along with other tests. Please see below for the American Heart Association's recommendations for preparticipation cardiovascular screening. Please consult your physician to ensure that the recommendations are being followed.

### The 12-Element AHA Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes

Medical history\*

Personal history

Exertional chest pain/discomfort

Unexplained syncope/near-syncope†

Excessive exertional and unexplained dyspnea/fatigue, associated with exercise

Prior recognition of a heart murmur

Elevated systemic blood pressure

Family history

Premature death (sudden and unexpected, or otherwise) before age 50 years due to heart disease, in more than 1 relative

Disability from heart disease in a close relative less than 50 years of age

Specific knowledge of certain cardiac conditions in family members:

hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias

Physical examination

Heart murmur‡

Femoral pulses to exclude aortic coarctation

Physical stigmata of Marfan syndrome

Brachial artery blood pressure (sitting position)§

\*Parental verification is recommended for high school and middle school athletes.

†Judged not to be neurocardiogenic (vasovagal); of particular concern when related to exertion.

‡Auscultation should be performed in both supine and standing positions (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.

§Preferably taken in both arms.

# St. Mary's College of Maryland Athletic Clearance Packet

Please print clearly using either a blue or black pen. Incomplete forms will preclude student-athlete involvement.

Athlete's Name: \_\_\_\_\_ Grade: FR SO JR SR 5TH SMCM ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Street, City, State, Zip Code

**SPORT #1** \_\_\_\_\_ **SPORT #2** \_\_\_\_\_ **SPORT#3** \_\_\_\_\_

Please Circle: Varsity/Club Varsity/Club Varsity/Club

Sex: M / F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

Athlete's Campus Box #: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## **Emergency Contacts** *We advise you to list one contact who does not live with you*

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip Code

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mobile / Pager Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip Code

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mobile / Pager Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

## **Medical Insurance**

**PRIMARY:** Name of Policy Holder: \_\_\_\_\_ Insurance Phone #: ( ) \_\_\_\_\_

Name of Insurance Company or Plan: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Plan #: \_\_\_\_\_ HMO/PPO/POS

Pre-authorization for services? YES / NO Is a second opinion required before surgery? YES / NO

**SECONDARY:** Name of Policy Holder: \_\_\_\_\_ Insurance Phone #: ( ) \_\_\_\_\_

Name of Insurance Company or Plan: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Plan #: \_\_\_\_\_ HMO/PPO/POS

Pre-authorization for services? YES / NO Is a second opinion required before surgery? YES / NO

# Pre-participation Physical Evaluation

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/\_\_\_\_ 20/\_\_\_\_ Corrected Y N Pupils \_\_\_\_\_

	Normal	Abnormal Findings	Initials
Limited	Cardiopulmonary		
	Pulses		
	Heart		
	Lungs		
	Tanner Stage		1 2 3 4 5
	Skin		
	Complete	Abdominal	
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. Not cleared for:
  - Collision
  - Contact
  - Non-contact \_\_\_Strenuous \_\_\_Moderately Strenuous \_\_\_Non-strenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_

## Medical History

Please answer all the following questions. Check "Yes" or "No" and explain each "Yes" answer below. Circle questions you don't know the answers to. (To be completed with parent/guardian if student is a minor)

YES / NO

- 1.** Have you had a medical illness or injury since your last check-up or sports physical?
- Do you have an ongoing or chronic illness?
- 2.** Have you ever been hospitalized overnight?
- Have you ever had surgery?
- 3.** Are you currently taking any prescription or non-prescription (over the counter) medications or pills or using an inhaler?
- Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
- 4.** Do you have any allergies (for example: to pollen, medicine, food or stinging insects)?
- Have you ever had a rash or hives develop during or after exercise?
- 5.** Have you ever passed out during or after exercise?
- Have you ever been dizzy during or after exercise?
- Have you ever had chest pain during or after exercise?
- Do you get tired more quickly than your friends do during exercise?
- Have you ever had racing of your heart or skipped heartbeats?
- Have you had high blood pressure or high cholesterol?
- Have you ever been told you have a heart murmur?
- Has any family member or relative died of heart problems or of sudden death before age 50?
- Has any family member or relative been disabled with a heart-related problem before the age of 50?
- Has any family member been specifically diagnosed with any of the following conditions: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome or clinically important arrhythmias?
- Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
- Have you ever had an electrocardiogram (EKG) and/or echocardiogram (ECHO) of your heart?
- Has a physician ever denied or restricted your participation in sports for any heart problems?
- 6.** Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
- 7.** Have you ever had a head injury or concussion?
- Have you ever been knocked out, become unconscious, or lost your memory?
- Have you ever had a seizure?
- Do you have frequent or severe headaches?
- Have you ever had numbness or tingling in your arms, hands, legs, or feet?
- Have you ever had a stinger, burner, or pinched nerve?

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

YES / NO

- 8.** Have you ever become ill from exercising in the heat?
- 9.** Do you cough, wheeze, or have trouble breathing during or after activity?
- Do you have asthma?
- Do you have seasonal allergies that require medical treatment?
- 10.** Do you use any special protective or corrective equipment or device that isn't usually used for your sport or position? (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)
- 11.** Have you ever had problems with your eyes or vision?
- Do you wear glasses, contacts, or protective eyewear?
- 12.** Have you ever had a sprain, strain or swelling after injury?
- Have you broken or fractured any bones or dislocated any joints?
- Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?

*If yes, check appropriate box & explain below:*

- |                                    |                                  |                                    |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Head      | <input type="checkbox"/> Elbow   | <input type="checkbox"/> Hip       |
| <input type="checkbox"/> Neck      | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh     |
| <input type="checkbox"/> Back      | <input type="checkbox"/> Wrist   | <input type="checkbox"/> Knee      |
| <input type="checkbox"/> Chest     | <input type="checkbox"/> Hand    | <input type="checkbox"/> Shin/calf |
| <input type="checkbox"/> Shoulder  | <input type="checkbox"/> Finger  | <input type="checkbox"/> Ankle     |
| <input type="checkbox"/> Upper arm |                                  | <input type="checkbox"/> Foot      |

- 13.** Do you want to weigh more or less than you do now?
- Do you lose weight regularly to meet weight requirements for your sport?
- 14.** Do you feel stressed out?

### **Females Only:**

When was your first menstrual period? \_\_\_\_\_  
When was your most recent menstrual period? \_\_\_\_\_  
How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
How many periods have you had in the last year? \_\_\_\_\_  
What was the longest time between periods in the last year? \_\_\_\_\_

**Explain all "Yes" answers here:** \_\_\_\_\_

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\*\*If more room is needed, please write on a separate piece of paper and attach to form.

Parent/Guardian Signature (If minor) \_\_\_\_\_

Student Signature \_\_\_\_\_

# Signature Page (1 of 2)

Student-Athlete Name (print): \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

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## Varsity Student-Athletes Only

### **Insurance Notification**

By signing below, I hereby state that I have been notified by the St. Mary's College of Maryland Department of Athletics and Recreation regarding the insurance policy carried by the school and its coverage details as outlined. I also understand that, if I so wish, I may obtain a copy of the policy and its coverage details by contacting the Department of Athletics and Recreation at (240) 895-4295 and requesting a copy.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance-Holder Signature

\_\_\_\_\_  
Date

### **Insurance Coverage Agreement**

By signing below, I hereby attest that the named student-athlete is covered under my insurance policy. Furthermore, I attest that my insurance policy does **not** exclude varsity athletic competition **nor** does it have a maximum benefit of less than \$75,000. I agree that if our insurance policy changes for whatever reason, so as to not cover the named student-athletes, to exclude varsity athletic competition, or to have a maximum benefit of less than \$75,000 or if I change insurance policies, I will verbally notify the Department of Athletics and Recreation of such change(s) within 5 working days. I will also be responsible for sending written notification of such change(s) and a new card within 10 working days. I understand if any such change should occur in my insurance policy and notification is not made, I may be held solely responsible for any and all bills incurred in the case of injury to the named student-athlete.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance-Holder Signature

\_\_\_\_\_  
Date

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## All Varsity & Club Sport Student-Athletes

### **Permission by Parent or Legal Guardian to Treat Minor Student**

I, the undersigned, am a parent or legal guardian of the named student-athlete, who is a minor, and I have legal authority to consent to medical treatment of the named student-athlete. I give permission to the St. Mary's College of Maryland (SMCM) Department of Athletics and Recreation (including health care personnel working under an arrangement with SMCM) to provide, as necessary, athletic training services to the named student-athlete, including but not limited to providing first aid treatment for sport injuries; applying modalities, thermal or non-thermal to sports injuries, wrapping or taping body parts to provide support, stability and protection; implementing rehabilitation exercises of sports injuries; and providing emergency care such as cardio-pulmonary resuscitation (CPR) to the named student athlete. In the event the St. Mary's College of Maryland (SMCM) Department of Athletics and Recreation (including health care personnel working under an arrangement with SMCM) becomes aware that the named student athlete requires emergency medical treatment during or as a result of his or her participation in an approved SMCM intercollegiate sport, SMCM will contact emergency medical personnel and will notify me as soon as practical thereafter.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Address

Parent Home Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_

**Signature Page (2 of 2)**  
**All Varsity & Club Sport Student-Athletes**

**Permission to Release Information to Parents/Guardians or SMCM Medical Staff**

I am a student athlete, am 18 years old or older, and am not a dependent student under the Family Educational Rights and Privacy Act. I hereby request and give permission to St. Mary's College of Maryland (SMCM) Department of Athletics and Recreation, Athletic Training Staff to release information obtained by SMCM (including health care providers working under an arrangement with SMCM) about me to my parent/guardian, whose name is \_\_\_\_\_, upon the written request of my parent/guardian.

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

I also request and give SMCM, Department of Athletics and Recreation, Athletic Training Staff permission to release information obtained by SMCM (including health care providers working under an arrangement with SMCM) about me to health care providers working under an arrangement with SMCM for the purpose of their providing health care and treatment to me. I understand that I may revoke all or part of this permission at any time by giving written notice to SMCM.

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

**Acceptance of Risk Statement**

I, \_\_\_\_\_, am aware that participation in intercollegiate athletics/club sports and in particular  
(student-athlete)

\_\_\_\_\_ involves a risk to my health and well-being and those risks may result in death or serious  
(list all sports participating in)

injury. I knowingly and voluntarily accept the risk associated with participation in intercollegiate athletes/club sports. As a student athlete, I will do my part to reduce the risk of injury by acquiring and maintaining my peak physical condition before and during participation in intercollegiate athletes. I will also follow the advice of my personal physician(s) and, if not in conflict with the advice of my personal physician(s), the advice of St. Mary's College of Maryland (SMCM) Department of Athletics and Recreation (including health care personnel working under an arrangement with SMCM). I agree to provide information from my personal physician(s) as requested by SMCM or will provide written consent to SMCM to obtain information from my personal physician(s) directly. I have had an opportunity to seek the advice of private legal counsel before signing below. If the student-athlete is a minor, the student's parent or legal guardian is also required to sign this Acceptance of Risk Statement and by signing, the parent or legal guardian knowingly and voluntarily accepts, for and on behalf of the student athlete, the risk associated with participation in intercollegiate athletics/club sports.

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **NCAA Committee on Competitive Safeguards and Medical Aspects of Sports — Medical Exceptions and Banned Drug Classes.**

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports in conjunction with the NCAA Health and Safety staff has issued the following educational article on medical exceptions and banned drug classes.

Please contact Mary Wilfert, associate director, health and safety, at 317/917-6319 or [mwilfert@ncaa.org](mailto:mwilfert@ncaa.org) with any comments or questions.

### **Medical Exceptions.**

The NCAA list of banned drug classes is composed of substances that are generally reported to be performance enhancing and harmful to one's health. The NCAA bans performance-enhancing drugs to protect student-athlete health and safety and ensure a level playing field, and it also recognizes that some of these substances may be legitimately used as medications to treat student-athletes with learning disabilities and other medical conditions.

Accordingly, the NCAA allows exceptions to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. The benefit of a medical exception procedure is that in most cases the student-athlete's eligibility remains intact during the process.

Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta blockers, diuretics, anti-estrogens, anabolic agents (steroids)\*, and peptide hormones\* (**NCAA Bylaw 31.2.3**) [**\*anabolic agents and peptide hormones must be approved by the NCAA before the athlete is allowed to participate while taking these medications.** The institution, through its director of athletics, may request an exception for use of an anabolic agent or peptide hormone by submitting to The National Center for Drug Free Sport (Drug Free Sport) any medical documentation it wishes to have considered.]

**In all cases, a student-athlete, in conjunction with his or her physician, must document that other nonbanned alternatives have been considered prior to requesting the medical exception for the use of a medication containing a banned substance.** It is the responsibility of the institution to educate student-athletes about this policy, and to follow up with any student-athlete who identifies the use of a banned medication to determine if standard nonbanned medications have been pursued and documented.

In order for a student-athlete to be granted a medical exception for the use of a medication that contains a banned substance, the student-athlete must:

1. Have declared the use of the substance to his or her athletics administrator responsible for keeping medical records;
2. Present documentation of the diagnosis of the condition; and
3. Provide documentation from the prescribing physician explaining the course of treatment and the current prescription.

Requests for medical exceptions will be reviewed by physicians who are members of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. Medical exceptions will be granted if the student-athlete has presented adequate documentation noted above. Unless requesting a review for the medical use of an anabolic agent or peptide hormone, a student-athlete's medical records or physicians' letters should not be sent to the NCAA unless requested by the NCAA. Also, the use of the substance need not be reported at the time of NCAA drug testing. Following are three treatment issues to help illustrate the medical exception procedure:

**Attention Deficit/Hyperactivity Disorder (ADHD)** – is one of the most common neurobehavioral disorders of childhood and can persist through adolescence and into adulthood. ADHD is generally diagnosed in childhood, but sometimes not until college or later. The most common medications used to treat ADHD are methylphenidate (Ritalin) and amphetamine (Adderall), which are banned under the NCAA class of stimulants. In order for a medical exception to be granted for the use of these stimulant medications, the student-athlete must show that he or she has undergone standard assessment to identify ADHD. Frequently a student-athlete may find that the demands of college present difficult learning challenges. They may realize that some of their teammates are benefitting from the use of these medications, and figure they should ask their team physician or family doctor to prescribe the same for them. **If they do not undergo a standard assessment to diagnose ADHD, they have not met the requirements for an NCAA medical exception.** Most colleges provide these types of assessment through their student support services or counseling and testing centers. The student-athlete should either provide documentation of an earlier assessment, or undergo an assessment prior to using stimulant medication for ADHD. If the diagnosis is ADHD, the student-athlete may then pursue treatment with the team physician or family physician for a prescription for stimulant medication, and provide all documentation to the appropriate athletics administrator to keep in the file in the event the student-athlete is selected for drug testing and tests positive. At that point, the athletics administrator will be instructed to provide the documentation for review by the medical panel, and if all is in order, the student-athlete's medical exception is granted. Before using finasteride, a student-athlete must exhaust other standard medications and document this effort. All documentation should be submitted to the sports medicine staff to review and maintain in the student-athlete's record. In the event a student-athlete tests positive for the use of finasteride, the institution will then submit the full record for a medical exception review.

**Male-Pattern Baldness** – Androgenic alopecia is a common form of hair loss in both men and women. In men, this condition is also known as male-pattern baldness. Hair is lost in a well-defined pattern, beginning above both temples. Over time, the hairline recedes to form a characteristic “M” shape. Hair also thins at the crown of the head, often progressing to partial or complete baldness. Nonbanned medications are available to treat this condition. Finasteride (trade name Propecia), which is prescribed in some cases to treat male-pattern baldness, is a banned substance under the class of masking agents, as it interferes with the ability to identify steroid use.

**Hypogonadism** – Or testosterone deficiency, results either from a disorder of the testes (primary hypogonadism) or of the hypothalamus or pituitary glands (secondary hypogonadism). Causes of primary hypogonadism include Klinefelter's syndrome, undescended testicles and hemochromatosis. Secondary hypogonadism can be due to aging, increasing body mass index and/or type 2 diabetes mellitus. Treatment for hypogonadism may include testosterone medication. Testosterone falls under the banned drug class “anabolic agents.” A student-athlete must request approval to use medication with testosterone **prior to participation** while using this substance. A full medical documentation of the diagnosis, course of treatment and prescription history must be provided by the institution prior to allowing the student-athlete to compete on this medication. If a student-athlete tests positive for testosterone and has not obtained prior approval to use this substance, the case must go to appeal.

In all cases, if a student-athlete does not meet the criteria for a medical exception, the student-athlete may request an appeal hearing of the positive drug test. In this case, the student-athlete's eligibility will be suspended pending the outcome of the appeal. Questions about this policy may be directed to Mary Wilfert, associate director, health and safety, [mwilfert@ncaa.org](mailto:mwilfert@ncaa.org) or 317/917-6319.

## Varsity Student-Athletes Only

### NCAA List of Banned Drugs

The following is a list of NCAA-banned drugs. Please review carefully. Some of these items may be found in over-the-counter medicines, prescription medicines, or herbal medicines. One consideration, if taking herbal medicines, is that these medicines are not regulated by the FDA and therefore do not have to have an exact ingredient list. If you are unsure if you are taking any medication that contains these drugs, take this list to your doctor.

#### Bylaw 31.2.3.1 Banned Drugs

The following is the list of banned-drug classes:

##### **(a) Stimulants:**

amiphenazole	dimethylamphetamine	pemoline
amphetamine	doxapram	pentetrazol
bemigrade	ephedrine (ephedra, ma huang)	phendimetrazine
benzphetamine	ethamivan	phenmetrazine
bromantan	ethylamphetamine	phentermine
caffeine <sup>1</sup> (guarana)	fencamfamine	phenylpropanolamine (ppa)
chlorphentermine	meclofenoxate	picrotoxine
cocaine	methamphetamine	pipradol
cropropamide	methylphenidate	prolintane
crothetamide	nikethamide	strychnine
diethylpropion	octopamine	synephrine
methaylenedioxymethamphetamine (MDMA, Ecstasy)		(citrus aurantium, zhi shi, bitter orange) <b>and related compounds *</b>

The following stimulants are not banned: phenylephrine, pseudoephedrine

##### **(b) Anabolic Agents:**

<b><u>anabolic steroids</u></b>	dromostanolone	norethandrolone
androstenediol	epitrenbolone	oxandrolone
androstenedione	fluoxymesterone	oxymesterone
boldenone	gestrinone	oxymetholone
clostebol	mesterolone	stanozolol
dehydrochloromethyl- testosterone	methandienone	testosterone <sup>2</sup>
dehydroepiandro- sterone (DHEA)	methyltestosterone	tetrahydrogestrinone (THG)
dihydrotestosterone (DHT)	nandrolone	trenbolone
	norandrostenediol	<b>and related compounds *</b>
	norandrostenedione	

**other anabolic agents:** clenbuterol

##### **(c) Substances Banned for Specific Sports:** Not applicable to SMCM

##### **(d) Diuretics:**

acetazolamide	chlorthalidone	hydrochlorothiazide	probenecid
bendroflumethiazide	ethacrynic acid	hydroflumethiazide	spironolactone
benzthiazide	finasteride	methyclothiazide	triamterene
bumetanide	flumethiazide	metolazone	trichlormethiazide
chlorothiazide	furosemide	polythiazide	<b>and related compounds*</b>

**(e) Street Drugs:**

heroin

marijuana<sup>3</sup>

THC (tetrahydrocannabinol)<sup>3</sup>

**(f) Peptide Hormones and Analogues:**

corticotrophin (ACTH)

human chorionic gonadotrophin (hCG)

luteinizing hormone (LH)

growth hormone (hGH, somatotrophin)

insulin like growth hormone (IGF-1)

*All the respective releasing factors of the above-mentioned substances are also banned.*

erythropoietin (EPO)

darbepoetin

sermorelin

**(g) Anti-Estrogens**

anastrozole

clomiphene

tamoxifen

**and related compounds**

**(h) Definitions of “positive” depend on the following:**

<sup>1</sup> for caffeine: if the concentration in urine exceeds 15 micrograms/ml.

<sup>2</sup> for testosterone: an adverse analytical finding (positive result) based on any reliable analytical method (e.g., IRMS, GCMS, CIR) which shows that the testosterone is of exogenous origin, or is the ratio of the total concentration of testosterone to that of epitestosterone in the urine is greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.

<sup>3</sup> for marijuana and THC: if the concentration in the urine of THC metabolite exceeds 15 nanograms/ml.

\* The term “related compounds” comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

\*\*Many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete’s own risk. Student-athletes should contact their institution’s team physician or athletic trainer for further information.

For questions regarding nutritional supplements, please visit the **National Center for Drug Free Sport Resource Exchange Center (REC) Web site** at [www.drugfreesport.com/resource-exchange.html](http://www.drugfreesport.com/resource-exchange.html)

I \_\_\_\_\_ (print) have been informed of the drugs banned by the NCAA.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are unsure if you are taking any medication that contains these drugs, take this list to your doctor. If you are taking a prescription, please review this list with your doctor. If the prescription you are taking **does** contain a banned substance, please discuss with your doctor if there are alternatives that will work for you that do not contain a banned substance.