

INCOMING STUDENT-ATHLETE CHECKLIST

PLEASE USE THE FOLLOWING CHECK-LIST TO ENSURE THAT YOU HAVE COMPLETED ALL NECESSARY PAPERWORK

DOCUMENTS DUE BY JULY 15TH OR 1 WEEK PRIOR TO ARRIVAL ON CAMPUS - WHICHEVER COMES EARLIEST

PRE-PARTICIPATION PHYSICAL EVALUATION:



NCAA DRUG TESTING EXCEPTION POLICY

ELECTRONIC FORM LOCATED WITHIN YOUR PATIENT PORTAL

REQUIRED DOCUMENTATION PER NCAA REGULATIONS (if diagnosed with ADD/ADHD)

Documentation of the diagnosis and how it was reached through diagnostic testing Documentation of the treatment procedure, name of medication and dosage information and a copy of the current prescription

Statement that the student-athlete's medical history exhibits a need for regular use of the drug

List of alternative non-banned medications for the treatment of the condition that have been tried/considered

Statement that the student-athlete and prescribing physician agree that there is no other appropriate alternative medication treatment available

SICKLE CELL TRAIT EXPLANATION AND CONSENT FORM

ALL incoming Division I student-ath (0.1 (io) 3.4 (n) 8.6 (s5) (2005 20) Y(-) T.6 (s5) (b) 1.74 (n) 8.6 (s5) (c) 2.0 (