



## NCAA Required forms

If you are planning to participate or feel that there is a possibility that you might participate in Varsity or Club Sports you must submit all the documents listed below. Students who do not submit all of their required pre-entrance health forms and all of the required Pre-participation forms will not be allowed to participate in team practice. All students are encouraged to submit these forms.

### **ALL POTENTIAL ATHLETES:**

#### ☐ **Sickle Cell Verification Form**

**Please Note:** Physical Exam for Varsity and Club sports must be done no longer than 6 months before the start of the season.

#### **❖ Varsity Fall Sports March 15th**

- Soccer, Field Hockey, Volleyball, Tennis, Golf, Cross Country, Lacrosse, all Riding Teams, Rowing

#### **❖ Varsity Winter Sports May 1st**

- Track and Field, Squash, Basketball, Swimming/Diving

#### **❖ Club Fall Sports March 15th**

- Rugby, Riding Teams, Ultimate Frisbee

#### **❖ Club Winter Sports May 1st**

- Ice Hockey, Fencing

### **WHEN APPLICABLE:**

- ☐ **NCAA Medical Exemption Form to support the diagnosis of Attention Deficit Hyper Activity Disorder (ADHD) and treatment with banned stimulant medications.**
- ☐ **NCAA Medical Exemption Form for use of Beta-2 agonists**



## **ADD/ADHD Medical Exception Form**

Dear Health Care Provider,

On August 1, 2009, the NCAA enacted legislation affecting student-athletes diagnosed with ADD/ADHD who are receiving treatment in the form of prescription stimulants that may be on the banned substance list. This legislation requires these student-athletes to request documentation from their health care provider supporting the diagnosis of ADD/ADHD and subsequent use of prescription stimulants for treatment. The documentation will be kept on file within the Athletics Department and will need to be updated by the student-athlete's health care provider as the student-athlete's course of treatment changes. More information regarding this topic can be found on the NCAA's "Health and Safety" web page.

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### **Provider, please fill out the following information:**

Student-Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Clinical Evaluation: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Date of Most-Recent Follow-Up: \_\_\_\_\_

Medication & Dosage: \_\_\_\_\_

### **Please include all of the following information in your documentation:**

- ☐ Provide summary of comprehensive clinical evaluation (referencing DSM-V criteria) and attach supporting documentation
- ☐ Provide ADHD Rating Scale(s) (e.g., CAARS, Connors, ASRS) scores and report summary, and attach supporting documentation
- ☐ Provide blood pressure & pulse readings and comments
- ☐ Brief summary explaining that alternative non-banned medications have been considered and reasoning why they were not utilized

### **Please provide the following additional information if available:**

- ☐ Reporting of ADD/ADHD symptoms by other significant individuals and attach supporting documentation
- ☐ Psychological testing results
- ☐ Physical exam date and results
- ☐ Laboratory/testing results
- ☐ Summary of previous ADHD diagnosis



**Follow-Up:**

The student-athlete will have a follow-up with me in (circle one): 3 months 6 months 12 months Other

**ADD/ADHD Medical Exception Form**

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinician's Name (Printed): \_\_\_\_\_

Specialty: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MEDICAL EXCEPTION DOCUMENTATION FOR USE OF BANNED MEDICATIONS

Dear Health Care Provider,

The NCAA requires Mount Holyoke College to maintain documentation supporting the student-athlete's use of medications that may be or contain a banned substance, such as with beta-2 agonists. This documentation must be maintained in the student-athlete's medical record on campus. More information regarding this topic can be found on the NCAA's "Health and Safety" web page.

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### Please Fill Out the Following Information:

Student-Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Clinical Evaluation: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Date of Most-Recent Follow-Up: \_\_\_\_\_

Medication & Dosage: \_\_\_\_\_

### Please include the following information from the prescribing health care provider:

- ☐ A letter or copies of medical notes that documents the diagnosis and how it was reached, including appropriate verification of the diagnosis
- ☐ Detailed medical history of the student-athlete that demonstrates the need for treatment with a potentially banned medication, and that other non-banned alternative medications were considered

### Follow-Up:

The student-athlete will have a follow-up with me in (circle one): **3 mos** / **6 mos** / **12 mos** / **Other**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinician's Name (Printed): \_\_\_\_\_

Specialty: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Information Sheet for Sickie Cell Testing

## **What is sickie trait?**

Sickle cell is a genetic alteration that creates an abnormal form of hemoglobin (the substance inside a red blood cell that carries oxygen). People with two sickie cell genes have sickie cell disease; those with only one have sickie trait.

## **Why do I need to be screened for sickie trait?**

Most people with sickie trait do not experience symptoms or complications that those with sickie cell disease do. But people with sickie trait are at risk for complications in situations of low oxygen or dehydration. Effective August 2022, the NCAA instituted a new requirement for collegiate athletes to submit verification of their sickie status.

## **How can I determine my sickie status?**

In the US, all newborns are screened for sickie cell. You can contact your primary care provider to see if they have a copy of your newborn screening test results. If not, you may contact the State Newborn Screening Center in the state you were born in (including the District of Columbia and Puerto Rico). The Newborn Screening Centers will need the following information:

- Name at birth
- Date of birth
- Mother's name on birth certificate
- Name and location of the hospital you were born
- Current Physician's name
- Contact fax number and phone number for your current physician

Lastly, if you are not able to get copies/results from prior screening, you can get tested prior to matriculating at MHC. Simply share this information with your medical provider who can order the test for you. If you are getting newly tested, we encourage you to submit a copy of the lab report with the sickie cell trait verification form.

## **Where can I get more information on sickie cell and the impact on sports participation?**

CDC: [What is Sickie Trait?](#)

NCAA: [NCAA's sickie testing bylaw](#)



## Sickle Cell Trait Status Verification Form



**The NCAA mandates that all student-athletes must be newly tested for sickle cell trait, or show proof of a prior test. In accordance with this legislation, all Mount Holyoke College varsity student-athletes must submit proof of sickle trait testing prior to participation.**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MHC ID # (if known): \_\_\_\_\_

Home Address: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ Class Year: : \_\_\_\_\_

**To Be Completed by a licensed medical provider who is NOT related to the student:**

Date of the Sickle Cell Trait Test: \_\_\_\_\_

Result of the Sickle Cell Trait Testing: Negative \_\_\_\_\_ Positive \_\_\_\_\_

**I verify that the above named student-athlete had sickle cell testing and attest to the accuracy of testing date and result.**

Medical provider's signature : \_\_\_\_\_ Date: \_\_\_\_\_

Print Provider's Name: \_\_\_\_\_

Provider's Practice Address: \_\_\_\_\_

**Sign and Return this form to:**

Mount Holyoke College Health Services

Re: Student-Athlete Clearance

Via postal: 50 College St. South Hadley, MA 01075

Via fax: 413-538-2352

Via email: [medical-records@mtholyoke.edu](mailto:medical-records@mtholyoke.edu)