

Kin Su Dojo Training Form



Medical Exception Documentation Reporting Form to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and Treatment with Banned Stimulant Medication

Name of Student-Athlete _____ Year of Grad. _____

Sport(s): Judo

To be completed by the Student-Athlete's Prescribing Physician:

Physician (print name): _____ Specialty: _____

Office address _____ Physician signature: _____

Date _____

Physician documentation (letter, medical notes) to include the following information:

• Diagnosis _____

• Medication(s), dosage and times daily. _____

• Blood pressure and pulse readings and comments. _____

• Note that alternative non-banned medications have been considered, and comments. _____

* Follow-up orders. _____

• Date of clinical evaluation: _____

• **Attach written report summary of comprehensive clinical evaluation: *This applies to First Years, Transfers and recently diagnosed and medicated athletes.***

If you are unable to comply with submitting a report summary as listed above, please explain.

The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

DISCLAIMER: The Kin Su Dojo shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.