NCAA Medication Medical Exception Documentation Reporting Form
Nazareth College
Department of Athletic Training

To be completed by the Student-Athlete’s Physician

Student-Athletes Name: ____________________________ Date of Birth: __________

Diagnosis: ____________________________ Date of Initial Evaluation: __________

Medication Name: ____________________________________________________________
Dosage Information: __________________________________________________________

Treating Physician (print name): ____________________________________________________
Specialty: ______________________________________________________________________
Office address: __________________________________________________________________
Physician signature: ____________________________ Date ________________________

DISCLAIMER: The National Collegiate Athletic Association 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.