



Request for Medical Exception Form

The UIL Anabolic Steroid List is composed of substances that the Legislature has determined are illegal. The UIL Anabolic Steroid List may be found online at:

<http://www.uiltexas.org/health/info/uil-anabolic-steroid-list>

Testing protocol and procedures relating to medical exceptions may be found online at:

<http://www.uiltexas.org/files/health/steroid-protocol.pdf>

In accordance with state law, the UIL recognizes that some anabolic steroids are dispensed, prescribed, delivered, and administered by a licensed practitioner for a valid medical purpose in the course of professional practice. The UIL allows exceptions to be made for those student-athletes with a documented medical history, as defined in the UIL Anabolic Steroid Testing Program Protocol, demonstrating need for use of an anabolic steroid.

Procedures for Request for Medical Exception

(A) A Student-athlete or his/her Parent may request a medical exception prior to being selected for anabolic steroid testing by (1) providing Drug Free Sport with the Request For Medical Exception Form, and (2) requesting the student-athlete's physician to provide a documented medical history of the need for the use of an anabolic steroid to Drug Free Sport. The documented medical history is to be sent directly from the physician to Drug Free Sport. Upon receipt, Drug Free Sport will forward the student-athlete's Request For Medical Exception Form and the documented medical history from the student-athlete's physician to the Drug Free Sport approved Medical Review Officer for review.

(B) A student-athlete or his/her parent may also request a medical exception within 48 hours (2 business days) of the first notification of a positive test result for Specimen A by (1) providing the Medical Review Officer with the Request For Medical Exception Form, and (2) requesting the student-athlete's physician to provide a documented medical history of the need for the use of an anabolic steroid to the Medical Review Officer. A student-athlete's Request For Medical Exception Form and documented medical history must be received by the Medical Review Officer within 48 hours (2 business days) after the first notification or it will not be reviewed.

Only a Drug Free Sport-approved Medical Review Officer may grant a medical exception. The decision of the Medical Review Officer is final and is not subject to appeal.

Please submit the completed Request for Medical Exception Form to the National Center For Drug Free Sport in (A) and the Medical Review Officer in (B) and any authorizations for the release of medical records to the relevant licensed practitioner. Keep a copy for your records.

National Center for Drug Free Sport, Inc.
2537 Madison Avenue
Kansas City, Missouri 64108-2334
Fax: 816.285.5068; Telephone: 816.285.1426; www.drugfreesport.com



Request For Medical Exception Form



Student-Athlete Information (please type or print clearly)

Last Name: _____ First Name: _____

Female Male

Grade Level (circle): 9 10 11 12

Parent's Last Name _____ Parent's First Name _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ Alternate Phone Number: _____

Email address: _____ (check box if email may be used for confidential communication)

Student participates in the following UIL athletic activities:

School Information (please type or print clearly)

School Name: _____ ISD Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School Phone Number: _____ School Fax Number: _____

Name of Member School Representative (MSR): _____

MSR Email address: _____ (check box if email may be used for confidential communication)

(MSR information should be verified by the school. The student-athlete and his/her parent must sign a waiver of privacy and confidentiality in a form that contains the relevant language set forth in the Student-Athlete/Parent Declaration below.)

Student-Athlete's Name (print): _____

Medical Information (please type or print clearly)

Please identify and provide contact information (including complete address and telephone number) for any and all licensed practitioner(s) who prescribed, dispensed, delivered, and administered an anabolic steroid to the student-athlete. In addition to completion of this form, the student/athlete and/or parent must also complete an authorization for release of medical records and present to each identified practitioner for release of medical records to the National Center for Drug Free Sport and its Medical Review Officer(s) in order to be considered for a medical exception.

Student-Athlete / Parent Declaration

I / We certify that to the best of our knowledge the information provided in this application is true and correct. I / We are requesting a medical exception as outlined in the UIL Anabolic Steroid Testing Program Protocol. I/We have read the UIL Anabolic Steroid Testing Program Protocol. I / We authorize the release of personal medical information for the above named student-athlete to the National Center for Drug Free Sport and its Medical Review Officer(s). I/ We understand that if I / we ever wish to revoke the right of the Contractor and its Medical Review Officer(s) to obtain my medical information, I / we must notify my medical practitioner of that revocation in writing.

I / We understand that until and unless this request for medical exception is granted, use of an anabolic steroid could subject the student-athlete to penalties as outlined in the UIL Anabolic Steroid Testing Program Protocol.

Student-Athlete signature: _____ Date: _____

Parent signature: _____ Date: _____

If the student-athlete is a minor, a parent (as defined in the UIL Anabolic Steroid Testing Program Protocol) must sign with the student-athlete.