

Appendix B

Cleveland State Athletics Substance Abuse Reasonable Suspicion Reporting Form

Athletic Department Officer, under the reasonable suspicion clause outlined in the Cleveland State University Department of Intercollegiate Athletics Drug Education and Screening Program Policies, reports the following objective signs, symptoms, or behavior(s) that I believe warrant (student athlete name) _____ to be referred to a team physician for substance abuse evaluation. I understand that a decision regarding the need for counseling and/or treatment will be made by a Team Physician.

The following signs, symptoms, or behaviors have been observed over the last _____ days/weeks:

Student Athlete has shown:

- ___ Poor motivation
- ___ Sloppy hygiene and appearance
- ___ Lack of hustle during participation
- ___ Irritability or loss of temper
- ___ Failure to follow orders
- ___ Lack of discipline
- ___ Unexplained absences

Student Athlete has recurrent problems with:

- ___ Being late to practice or team meetings
- ___ Missing appointments
- ___ Ignoring curfew
- ___ Staying up too late
- ___ Falling asleep during the day
- ___ Missing class

Appearance of the following signs and/or evidence of illness:

- ___ Dilated or constricted pupils
- ___ Droopy eyelid or reddish eyes
- ___ Excessive scratching and breaking out of skin
- ___ Constantly running red nose
- ___ Recurrent bouts of flu or cold that require medical attention
- ___ Appears over-stimulated or hyper
- ___ Becomes withdrawn and less communicative
- ___ Repeated automobile traffic violations

Known violation of the following:

- ___ CSU Student-Athlete Code of Conduct
- ___ CSU Student Code of Conduct
- ___ State Law

Other specific objective findings include: _____

_____ Signature	_____ Print	_____ Date
_____ Reviewed By	_____ Print	_____ Date
_____ Team Physician Signature	_____ Print	_____ Date