

EAST CAROLINA UNIVERSITY - DEPARTMENT OF ATHLETICS DRUG TESTING REASONABLE SUSPICION REPORTING FORM
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I, _____, under the reasonable suspicion clause that is outlined in the Staff Member East Carolina University Drug Education and Drug Testing Regulation, report the following objective sign(s), symptom(s) or behavior(s) that I reasonably believe warrant referral of _____ (Student-Athlete) to the Director of Athletics or designee for possible drug testing. The following sign(s), symptom(s) or behavior(s) were observed by me over the past _____ hour(s), day(s), or week(s):

Please check all below that apply:**The student-athlete has shown:**

<input type="checkbox"/>	Irritability	<input type="checkbox"/>	Physical outburst (i.e. throwing equipment)
<input type="checkbox"/>	Loss of temper	<input type="checkbox"/>	Emotional outburst (crying)
<input type="checkbox"/>	Poor motivation	<input type="checkbox"/>	Weight gain
<input type="checkbox"/>	Failure to follow directions	<input type="checkbox"/>	Weight loss
<input type="checkbox"/>	Verbal outburst (i.e. faculty, staff, teammates)	<input type="checkbox"/>	Sloppy hygiene and/or appearance

The student-athlete has been:

<input type="checkbox"/>	Late for practice	<input type="checkbox"/>	Missing appointments
<input type="checkbox"/>	Late for class	<input type="checkbox"/>	Missing/skipping meals
<input type="checkbox"/>	Not attending class	<input type="checkbox"/>	Cited by OSRR or CLC office for drug or alcohol violation
<input type="checkbox"/>	Receiving poor grades	<input type="checkbox"/>	Staying up too late

The student-athlete has demonstrated the following:

<input type="checkbox"/>	Dilated pupils	<input type="checkbox"/>	Smell of alcohol
<input type="checkbox"/>	Constricted pupils	<input type="checkbox"/>	Smell of marijuana
<input type="checkbox"/>	Red eyes	<input type="checkbox"/>	Staggering or difficulty walking
<input type="checkbox"/>	Receiving poor grades	<input type="checkbox"/>	Staying up too late
<input type="checkbox"/>	Constantly running and/or red nose	<input type="checkbox"/>	Recurrent motor vehicle accidents or violations
<input type="checkbox"/>	Recurrent bouts with a cold or flu	<input type="checkbox"/>	

Other specific objective findings include:

Signatures:

Name of Staff Member

Signature of Staff Member

Date

Reviewed by:

Director of Athletics or designee

Date

Name of Counselor Consulted

Date of Consultation

Reasonable Suspicion Upheld

Reasonable Suspicion Denied