

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:**

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

The student-athlete has been:

	Late for practice		Missing appointments
	Late for class		Missing/skipping meals
	Not attending class		Cited by OSRR or CLC office for drug or alcohol violation
	Receiving poor grades		Staying up too late

The student-athlete has demonstrated the following:

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

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