

## DEPARTMENT OF ATHLETICS DRUG TESTING REASONABLE SUSPICION REPORTING FORM

I, \_\_\_\_\_ (*Bethany College Faculty or Staff Member*) under the reasonable suspicion provisions that are outlined in the Drug Education and Drug Testing Policy for Student-Athletes, report the following objective sign(s), symptom(s) or behavior(s) that I reasonably believe warrant \_\_\_\_\_ (*name of student-athlete*) to be referred to the Director of Athletics or his/her designee for possible drug testing. The following sign(s), symptom(s), or behavior(s) were observed by me over the past \_\_\_\_\_ hours and/or \_\_\_\_\_ days.

***Please check below all that apply:***

**The Student-Athlete has demonstrated:**

- |   |  |
|---|--|
| <input type="checkbox"/> Dilated pupils   | <input type="checkbox"/> Overstimulated or 'hyper'           |
| <input type="checkbox"/> Constricted pupils   | <input type="checkbox"/> Excessive talking                   |
| <input type="checkbox"/> Red eyes   | <input type="checkbox"/> Withdrawn and/or less communicative |
| <input type="checkbox"/> Smell of alcohol on the breath   | <input type="checkbox"/> Periods of memory loss              |
| <input type="checkbox"/> Staggering or difficulty walking   | <input type="checkbox"/> Slurred speech                      |
| <input type="checkbox"/> Constantly running and/or red nose   | <input type="checkbox"/>                                     |
| <input type="checkbox"/> Recurrent violations of Bethany College Student Code of Conduct            |  |
| <input type="checkbox"/> Recurrent bouts with a cold or the flu<br>(list dates: _____)              |  |
| <input type="checkbox"/> Recurrent motor vehicle accidents and/or violations<br>(list dates: _____) |  |

**The Student-Athlete has shown:**

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

**The Student-Athlete has been:**

- |  |  |
|--|--|
| <input type="checkbox"/> Late for practice     | <input type="checkbox"/> Staying up too late       |
| <input type="checkbox"/> Late for class        | <input type="checkbox"/> Missing appointments      |
| <input type="checkbox"/> Not attending class   | <input type="checkbox"/> Missing or skipping meals |
| <input type="checkbox"/> Receiving poor grades |  |

**Other specific objective findings include:**

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**Signatures:**

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<i>Person Making Report Name</i>	<i>Position</i>
<hr/>	<hr/>
<i>Person Making Report Signature</i>	<i>Date</i>
<hr/>	
<i>Athletic Director Name</i>	
<hr/>	<hr/>
<i>Athletic Director Name Signature</i>	<i>Date</i>

- Bethany College Counselor consulted?**     Yes     No
- Reasonable Suspicion finding upheld?**     Yes     No