



### Nutritional Supplement Information Form

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Sport: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Since the interpretation of NCAA Bylaw 16.5.2.2 ("It is not permissible for an institution to provide any nutritional supplement to its student-athletes, unless the supplement is a nonmuscle-building supplement . . .") student-athletes have been obtaining supplements from sources other than the University. As a student-athlete you must know that supplements are not regulated by any state or federal agency, therefore the ingredient list may not be complete or correct. **There is a risk that the supplement may have NCAA banned substances. If you test positive in an NCAA urine screen, you will lose one year of eligibility.**

In an effort to decrease the chance of a positive test, the Department of Athletics is requiring that you complete this form. If you are not taking ANY supplements, state that, if you are taking supplements, list them below. It is your responsibility to bring the supplement ingredient list to the Sports Medicine staff for their review.

If you change supplements or start a new supplement, have the ingredient list reviewed by the Sports Medicine staff.

I understand that it is my responsibility to insure that I am not taking an NCAA banned substance.

**1. I am NOT taking** any supplements at this time. If I start, I will review the supplement with the Sports Medicine Staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. I am taking** the following supplement(s):

| Name | Where Purchased | Reason |
|------|-----------------|--------|
|      |                 |        |
|      |                 |        |
|      |                 |        |
|      |                 |        |
|      |                 |        |
|      |                 |        |

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_