

**UNIVERSITY OF COLORADO BOULDER**  
**INTERCOLLEGIATE ATHLETIC DEPARTMENT**  
**SUBSTANCE ABUSE EDUCATION AND TESTING PROGRAM**  
**POLICY**

**June 2, 2008, Revised on February 21, 2012, Revised January 10, 2013, Revised April 7, 2015, Revised April 20, 2015**

**Nothing in this Policy limits the authority of a coach to establish and enforce more stringent team rules regarding the use of alcohol and/or Prohibited Substances.**

**Nothing in this Policy limits the authority of the University to suspend a Student-Athlete from participating in practice and/or competition due to health or safety concerns.**

**Nothing in this Policy is intended to, nor shall it, affect any sanction imposed by the NCAA or the Pac-12 Conference**

The Department of Intercollegiate Athletics at the University of Colorado Boulder ("CU-Boulder"), its coaches, and its administrators believe the unapproved use of Prohibited Substances, as defined in Section VIII(A) below:

- A. is detrimental to the physical and psychological well-being of the Student-Athlete, as defined in Section VIII(B) below;
- B. can seriously interfere with the athletic and academic performance of Student-Athletes;
- C. is dangerous to the life and health of the Student-Athlete and his/her teammates, particularly with regard to participation in athletic competition or practice; and
- D. compromises the integrity of intercollegiate athletic competition.

For these reasons, a Student-Athlete's unapproved use of Prohibited Substances will not be condoned in the Department of Intercollegiate Athletics. The Department of Intercollegiate Athletics hereby establishes the Substance Abuse Education and Testing Program.

Retaliating against an individual for reporting information or otherwise participating in the University of Colorado Intercollegiate Athletics Substance Abuse Education and Testing Program (the "Program") will not be tolerated and, if applicable, reported to the Office of Student Conduct.

## **PURPOSE OF THE SUBSTANCE ABUSE EDUCATION AND TESTING PROGRAM**

The purposes of the Program are to:

- A. educate Student-Athletes about the negative consequences associated with the use of Prohibited Substances and how such use and abuse may affect the Student-Athlete and his/her teammates' health and safety;
- B. provide a drug-free environment for all athletic participation, consistent with Pac-12 Conference and NCAA policies, thereby assuring that participants are physically and mentally prepared for the rigors of intercollegiate athletic competition;
- C. discourage unapproved Prohibited Substance use and abuse; and
- D. encourage and assist in the education, treatment, and/or rehabilitation of any Student-Athlete identified as using Prohibited Substances.

The Athletic Department expects that participation in the Program will help the men and women who participate in intercollegiate athletics at CU-Boulder become better students, Student-Athletes, and CU-Boulder ambassadors while assisting them in making individual, informed and intelligent decisions with reference to Prohibited Substance usage, both now and in the future.

## **PROHIBITED SUBSTANCES**

Student-Athletes are prohibited from using any substance set forth in Section VIII(A) herein. The sole exception shall be a Student-Athlete who meets all of the following:

- A. the Student-Athlete has been diagnosed by his/her prescribing physician as having a medical history that demonstrates a medical need for use of a Prohibited Substance;
- B. the Student-Athlete has previously provided the Team Physician with written documentation from his/her prescribing doctor which documents:
  - 1. how such diagnosis was reached;
  - 2. confirms that the Student-Athlete has a medical history demonstrating the need for use of the Prohibited Substance; and
  - 3. reveals Prohibited Substance dosage information; and
- C. the Team Physician has previously approved such documentation and Prohibited Substance use. The Student-Athlete's use of substances classified as "street drugs" by the NCAA, such as marijuana, will not be approved by the Team Physician. This

includes medical marijuana. Possession of a medical marijuana registry identification card does not qualify the Student-Athlete for a medical exception pursuant to NCAA requirements or this Policy and will not nullify a positive test result.

The state constitutional amendment authorizing individuals over the age of 21 to recreationally use marijuana (“Amendment 64”) does not change this Policy or authorize Student-Athletes to use marijuana. The NCAA and federal law continue to prohibit marijuana use and thus any marijuana use on or off of university property, even if in compliance with Amendment 64, is prohibited, remains a violation of this Policy, and will not nullify a positive test result.

A Student-Athlete is required to disclose in writing all use of over-the-counter and prescription medications and supplements on the annual medical history report submitted to the Office of Sports Medicine. The Student-Athlete has an on-going obligation to keep his/her medication and supplement disclosure accurate and up to date with the Office of Sports Medicine by immediately reporting any changes, such as an increase/decrease in dosage or if the Student-Athlete is taking an additional medication or supplement or has eliminated use of a medication or supplement previously disclosed. In the event the Student-Athlete has listed a medication or supplement on the annual report that is of concern to the Sports Medicine staff, the athletic trainer for that sport will consult with the Associate AD for Health and Performance and/or the team physician to determine whether the Student-Athlete may safely practice or compete while using this medication or supplement. The team physician in consultation with the Associate AD for Health and Performance will make the decision as to whether the Student-Athlete practices or competes, subject to the appeals procedure set forth in Section VII below.

Student-Athletes are prohibited from participating in any athletic activity while under the influence of alcohol. If the Athletic Department has Reasonable Suspicion, as defined in Section VIII(C) below, that a Student-Athlete is participating while under the influence of alcohol, the Student-Athlete may be required to provide a body fluid or breath sample for testing. Failure to provide such a sample may result in immediate suspension from athletic participation.

Many over-the-counter medications and nutritional supplements contain substances prohibited by the NCAA and use of such medications or supplements could result in a positive drug test. Thus, Student-Athletes should consult with the training staff before taking any medication or supplements.

The use of over-the-counter medications of a type or at a level prohibited by the NCAA, including, but not limited to, cold remedies, nutritional supplements, caffeine pills or diet pills, etc. shall constitute a violation of this Policy. Where Reasonable Suspicion indicates that a Student-Athlete is using “over-the-counter” medications contrary to NCAA policies, the Student-Athlete may be asked to provide a body fluid sample for testing. A determination by the Athletic Department that the Student-Athlete is abusing any such “over-the-counter” medication or combination of medications may result in prohibition of use of such medication or combination of medications, except under medical approval and supervision. Compliance with this requirement may be monitored by body fluid sample testing. Failure of the Student-Athlete to provide a body fluid sample for testing in accordance with this provision is a violation of this Policy and will trigger the sanctions set forth in Section VI below.

# **EDUCATION**

## **A. OBJECTIVES**

The objectives of the Program are to:

1. provide information to Student-Athletes regarding the physiological and psychological effects which certain Prohibited Substances may have on their bodies;
2. encourage discussion about the use of Prohibited Substances;
3. counsel individual Student-Athletes regarding the unapproved use of Prohibited Substances by themselves or others; and
4. deter, based upon their own educated choice, Student-Athletes from unapproved use of Prohibited Substances.

## **B. IMPLEMENTATION**

Each academic year, the Senior Associate AD for Internal Operations, or a designee, will ensure that all Student-Athletes are aware of the contents and intent of this Policy. A copy of the Policy will also be posted on the CU Athletic Department website. [http://www.cubuffs.com/ViewArticle.dbml?&DB\\_OEM\\_ID=600&ATCLID=204968078](http://www.cubuffs.com/ViewArticle.dbml?&DB_OEM_ID=600&ATCLID=204968078)

## **C. EDUCATIONAL MATERIALS AND PROCESSES**

1. Each sports supervisor will ensure that at least one presentation will be made to each athletic team relating to the effects which Prohibited Substances may have upon the human body. Student-Athlete attendance at this presentation is mandatory unless excused in advance for proper purpose as determined in the sole discretion of the Associate AD for Health and Performance.
2. A portion of the annual student-athlete Compliance video will educate student-athletes on the use, effects, and potential consequences of abusing prohibited substances.
3. Student-Athletes are encouraged to seek information, assistance and counsel through the full-time athletic training staff, the Sports Performance staff, the Sports Dietetics staff, or the Counseling & Sport Psychologist.

## TESTING PROGRAM

### A. CIRCUMSTANCES UNDER WHICH TESTING WILL BE CONDUCTED

Body fluid sample testing (such as blood or urine tests) for Prohibited Substances will be conducted under any of the following circumstances:

1. as required by the NCAA;
2. upon a determination that there exists Reasonable Suspicion of a Student-Athlete's use of a Prohibited Substance and the Reasonable Suspicion Form attached as Attachment C has been completed and approved by the Athletic Director, a sports supervisor or designee; or
3. upon a determination that there exists Reasonable Suspicion indicating that a Student-Athlete is using "over-the-counter" medications contrary to NCAA policies and the Reasonable Suspicion Form attached as Attachment C has been completed and approved by the Athletic Director, a sports supervisor or designee; or
4. upon a Student-Athlete's Voluntary Consent, as defined in Section VIII(D) below, to body fluid testing, for Student-Athletes eighteen years of age and older; or
5. if the Student-Athlete is charged or indicted with a drug related offense or a crime involving violence or the threat of violence, including, but not limited to, assault, sexual assault, menacing, or robbery; or
6. as may be otherwise set forth in or called for by this Policy.

### B. SELF-ADMISSION AND ONE-TIME AMNESTY

1. if a Student-Athlete initiates admission of use of a prohibited substance ("self-admits") and the below conditions a – c are all met, then -the Student-Athlete will be provided a one-time amnesty, meaning the Student-Athlete will not be sanctioned if:
  - a. The Student-Athlete self-admits **prior** to the announcement of a scheduled test for substance abuse; and
  - b. The Student-Athlete agrees to enter the Substance Abuse Education and Testing program for one year (See Attachment E); and
  - c. The self-admit alone, does not result in the Student-Athlete receiving a Sanction #1, "first positive." The student-athlete will be tested for prohibited substances within 10 days of self-admission.

2. Any subsequent positive test will subject the Student-Athlete to sanctioning per this Policy

### **C. NOTIFICATION OF REQUIRED TESTING**

Student-Athletes who are required to provide a body fluid sample will be so notified by the Athletic Director, the Associate AD for Health and Performance, or a designee. If Reasonable Suspicion prompts the testing requirement, a copy of the completed Reasonable Suspicion Form found in Attachment C will be provided to the student at the time of the test.

### **D. COLLECTIONS & LABORATORY PROCEDURES**

1. Body fluid collection will be monitored by a member of the Athletic Training Staff or a designee. The monitor who observes the collection of this sample will be of the same gender as the Student-Athlete.
2. The Student-Athlete may wear simple clothing such as shorts and a T-shirt to the collection area. No outer clothing or personal belongings may be taken into the collection area. Clothing constructed with pockets, or of construction conducive to concealing alternate samples, or which could aid an effort to compromise the validity of the test or allow tampering with the sample, should not be worn in the collection area. If such clothing is worn, it will be subject to inspection.
3. At the time of testing, the Student-Athlete will be required to confirm in writing that he/she and CU-Boulder has complied with the proper testing protocol.
4. The athletic trainer or designee will receive the sample from the Student-Athlete and check the sample for appropriate color, temperature, specific gravity and other properties to determine that no substitution or tampering has occurred.
5. The sample will be split into two portions. Each separate sample will be sealed in a tamper-proof container and marked with the Student-Athlete's confidential number.
6. The laboratory testing shall be performed using recognized standard industry procedures by a competent testing agency selected by the CU-Boulder Athletic Department.

### **D. NOTIFICATION OF TEST RESULTS**

1. Test results shall be reported by the laboratory to the Associate AD for Health and Performance. The results shall be reported by numerical code.

2. If the laboratory report indicates a positive test result, the Associate AD for Health and Performance will provide written notice to the Student-Athlete, the Athletic Director, the Senior Associate AD for Internal Operations, the sports supervisor, the Counseling & Sport Psychologist and the Head Coach as soon as practicable after the laboratory report is received.
3. If the Student-Athlete desires that the second sample be tested by the laboratory, the Student-Athlete must so notify the Associate AD for Health and Performance in writing within 48 hours of receiving the notification specified in Section V(D)(2) above. The Student-Athlete shall be responsible for paying the costs of the second sample test. The Associate AD for Health and Performance will call the lab with the Student-Athlete present or on the line to request that the second sample be tested. During that phone conversation, the Student-Athlete must provide a credit card number to the lab to cover the costs of such testing. The Associate AD for Health and Performance will provide written notice to the Student-Athlete, the Athletic Director, the Senior Associate AD for Internal Operations, the sports supervisor, the Counseling & Sport Psychologist and the Head Coach of the second sample test results as soon as practicable after the laboratory report is received.
4. All positive test results and other violations of this Policy can be reported by the Athletic Department to the Office of Student Conduct.

## **E. VIOLATIONS**

The following are considered violations of this Policy subject to the sanctions set forth in Section VI:

1. the Student-Athlete tested positive for a Prohibited Substance;
2. the Student-Athlete failed or refused to appear for testing;
3. the Student-Athlete was notified of the requirement to provide a body fluid sample for testing, appeared at the test location, but failed to produce an acceptable sample within a reasonable time period, an acceptable sample is one that has appropriate color, temperature, gravity, and no properties indicating a substitution or tampering has occurred; or
4. the Student-Athlete admitted he or she has been using a Prohibited Substance or the Student-Athlete indicates his or her body fluid sample will test positive for a Prohibited Substance.

## **SANCTIONS**

All measures and/or sanctions set forth in this Section will take effect immediately upon notification to the Student-Athlete that he or she violated this Policy and will continue to remain in force pending any appeal or request for a second sample testing. Coaches have discretion to impose such other and additional sanctions as they deem appropriate. In addition, the Student-Athlete may be subject to sanctions imposed by the Office of Student Conduct.

### **A. FIRST VIOLATION**

Upon a first violation:

1. The Student-Athlete shall schedule a substance evaluation with the Counseling & Sport Psychologist within two (2) weeks of the date of written notification from the Associate AD for Health and Performance of a positive test result. The Student-Athlete must participate in this substance evaluation and any recommended counseling and/or treatment program. The Student-Athlete's failure to schedule the substance evaluation appointment, failure to meaningfully participate in the substance evaluation, and failure to meaningfully participate in any recommended counseling or treatment program will result in further disciplinary action including, but not limited to, suspension from participation in practice or competition, or both. The Student-Athlete will be required to sign a release to allow the Counseling & Sport Psychologist to communicate with the sports supervisor regarding whether the Student-Athlete has or has not meaningfully participated in a substance evaluation and any recommended counseling and/or treatment program.
2. The Student-Athlete must participate in periodic body fluid sample testing for unapproved Prohibited Substances for a period of one year calculated from the date of the notice of the violation. These tests will be scheduled by the Associate AD for Health and Performance on a random basis, which will not be known to the Student-Athlete. The Associate AD for Health and Performance will report the results of testing to the Athletic Director, sports supervisor, Senior Associate AD for Internal Operations, the Counseling & Sport Psychologist, and the Head Coach.
3. Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), the Athletic Department may notify the Student-Athlete's parent(s)/legal guardian(s) of the violation if the Student-Athlete is a tax dependent of a parent(s)/legal guardian(s) or under twenty-one (21) years of age. Such notification shall include the link to the website containing this Policy. [http://www.cubuffs.com/ViewArticle.dbml?&DB\\_OEM\\_ID=600&A\\_TCLID=204968078](http://www.cubuffs.com/ViewArticle.dbml?&DB_OEM_ID=600&A_TCLID=204968078)

4. The Athletic Department can notify in writing the Office of Student Conduct that the Student-Athlete has violated this Policy. The Student-Athlete may be subject to additional sanctions imposed by the Office of Student Conduct.

## **B. SECOND VIOLATION**

Upon a second violation:

1. The Student-Athlete will be suspended automatically and immediately from a minimum of 20% of his or her competitive season, beginning with the first available contest. During this time, in the discretion of the Athletic Director, the Student-Athlete may be allowed to continue to practice and use services provided by Sports Medicine, Sports Performance, Academic Support, and attend Training Table.
2. The Student-Athlete is required to meaningfully participate in the substance evaluation and any counseling and/or treatment program recommended by the Counseling & Sport Psychologist or other licensed mental healthcare provider. Such participation is a condition of the Student-Athlete being allowed to return to competition and being allowed to continue to practice and use services provided by Sports Medicine, Sports Performance, Academic Support, and attend Training Table.
3. Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), the Athletic Department may notify the Student-Athlete's parent(s)/legal guardian(s) of the violation if the Student-Athlete is a tax dependent of a parent(s)/legal guardian(s) or under twenty-one (21) years of age. Such notification shall include link to the website containing this Policy.
4. The Athletic Department will notify in writing the Office of Student Conduct that the Student-Athlete has violated this Policy. The Student-Athlete may be subject to additional sanctions imposed by the Office of Student Conduct.
5. The Student-Athlete must participate in periodic body fluid sample testing for Prohibited Substances for a period of at least one year calculated from the date of the notice of the violation. These tests will be scheduled by the Associate AD for Health and Performance on a random basis, which will not be known to the Student-Athlete. The Associate AD for Health and Performance will report the results of testing to the Athletic Director, sports supervisor, Senior Associate AD for Internal Operations, the Counseling & Sport Psychologist, and the Head Coach.
6. The Student-Athlete may be reinstated at the conclusion of the suspension period provided the Student-Athlete has no further Policy violations and the Student-Athlete has meaningfully participated in his/her substance evaluation and any recommended counseling and/or treatment program.

### **C. THIRD VIOLATION**

Upon a third violation:

1. The Student-Athlete shall be suspended automatically and immediately from all & any participation in athletic competition and practice sponsored by the Athletic Department for a minimum period of one year.
2. The Student-Athlete may be banned from using athletic services provided by Sports Medicine, Sports Performance, Academic Support, and from attending Training Table.
3. Financial aid guidelines will dictate whether the Student-Athlete is eligible for financial aid.
4. To the extent not prohibited by law, the Student-Athlete may be disallowed from receiving student services, including but not limited to, academic support, health care, or insurance.
5. Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), the Athletic Department may notify the Student-Athlete's parent(s)/legal guardian(s) of the violation if the Student-Athlete is a tax dependent of a parent(s)/legal guardian(s) or under twenty-one (21) years of age. Such notification shall include link to the website containing this Policy.
6. The Athletic Department will notify in writing the Office of Student Conduct that the Student-Athlete has violated this Policy. The Student-Athlete may be subject to additional sanctions imposed by the Office of Student Conduct.

### **APPEAL PROCESS**

The Student-Athlete may appeal a finding of violation of this policy, except that a Student-Athlete who has admitted to using a Prohibited Substance or indicates that his or her body fluid sample will test positive for a Prohibited Substance shall not have the right to appeal the violation finding. The Student-Athlete's appeal must be based upon one or more of the following grounds:

- A. The established procedures were not followed in a significant way and as a result, the violation finding was not correct. Deviation from the procedures in this policy will not invalidate a violation except where such deviation has clearly resulted in significant prejudice to the Student-Athlete.
- B. There is new information that would have been material to violation finding had the information been presented at the time to the sports supervisor. The new information

must be included with the student's request for appeal and the student must show that the new information was not known by the sports supervisor at the time that the sports supervisor determined that the Student-Athlete violated this policy.

The Student-Athlete may appeal by submitting a written appeal request in the form set forth in Attachment A to the Senior Associate AD for Internal Operations. Such appeal request must be submitted within 10 calendar days of the date the Student-Athlete was informed of the violation. An appeal will only be considered if it includes both the Student-Athlete's grounds for appeal and rationale for appeal. It is the Student-Athlete's obligation to provide any and all materials she/he wishes to have considered at the time of appeal submission. Subsequent information and/or revisions to the appeal will not be accepted

The Senior Associate AD for Internal Operations shall submit the appeal to the Appeals Committee, which will consist of the Faculty Athletics Representative, the Associate AD for Health and Performance, and the Senior Associate AD for Internal Operations or designee. Any Appeals Committee member who believes she or he is unable to be an objective participant for a given appeal is expected to remove herself/himself from the Appeals Committee for that particular appeal. If any member of the Appeals Committee is unavailable to serve for any reason, such as a conflict of interest or schedule conflict, the Athletic Director will appoint a replacement for that person for that particular appeal only.

The Appeals Committee shall decide the appeal based on the written record, including the body fluid sample test results, notices, and the Student-Athlete's written appeal. The Appeals Committee shall make one of the following determinations:

- A. Find that improper procedures were used in the Reasonable Suspicion finding, to the prejudice of the Student-Athlete. In this case, the Appeals Committee shall nullify the violation and sanction and refer the matter back to the sports supervisor with a recommendation on how to correct the procedures. The sports supervisor may add any missing information and correct any inaccuracies and shall make a new decision on whether to approve the Reasonable Suspicion form. If the sports supervisor approves the revised Reasonable Suspicion Form, the Student-Athlete will be required to provide a new body fluid sample for testing.
- B. Find that improper procedures were used in the violation finding, to the prejudice of the Student-Athlete. In this case, the Appeals Committee shall nullify the violation and sanction and refer the matter back to the sports supervisor with a recommendation on how to correct the procedures. The Student-Athlete will be required to provide a new body fluid sample for testing.
- C. Find that (a) the Student-Athlete has presented information that would have been substantively material to the Reasonable Suspicion finding or violation determination, had the information been presented at the time to the sports supervisor for approval and (b) the information was not known to the sports supervisor at the time that the Reasonable Suspicion Form was approved or the violation was determined. In this event, the Appeals Committee shall nullify the violation and sanction and refer the

matter back to the sports supervisor for reconsideration in light of the new information. If the sports supervisor again finds Reasonable Suspicion, the Student-Athlete will be required to provide a new body fluid sample for testing.

D. Affirm the violation and the sanction.

The decision of the Appeal Committee shall be considered final, confirmed, and not subject to further appeal by any party.

## DEFINITIONS

- A. **Prohibited Substance(s)** – amphetamines, barbiturates, cocaine, methamphetamine, opiates (including morphine and codeine), PCP (“angel dust”) and its analogues, tetrahydrocannabinol (“THC”) (including marijuana and hashish), and performance-enhancing substances such as anabolic steroids, as well as any other substances included on the NCAA prohibited substances list.
- B. **Student-Athlete** – all student participants in recognized intercollegiate sports, including students who are no longer eligible for NCAA competition but who continue to receive Athletic Department financial aid.
- C. **Reasonable Suspicion** – suspicion founded upon specific, objective, and individualized facts which, if taken with rational inferences drawn from those facts, strongly suggest that drug testing may produce evidence of improper use of a Prohibited Substance. Any of the following criteria shall constitute grounds for Reasonable Suspicion:
  - 1. A report whose credibility the Athletic Department has no legitimate reason to question (i.e. Athletics is not aware of a motive the reporting person may possess for being untruthful), by a student, staff or faculty member, or other individual who identifies him/herself and provides details that he/she is willing to testify about, indicating that he/she witnessed a Student-Athlete using a Prohibited Substance or otherwise has knowledge that a Student-Athlete has used a Prohibited Substance;
  - 2. An anonymous report whose credibility the Athletic Department has no legitimate reason to question i.e. Athletics is not aware of a motive the reporting person may possess for being untruthful), by an unidentified individual who provides details indicating that he/she witnessed a Student-Athlete using a Prohibited Substance or otherwise has knowledge that a Student-Athlete has used a Prohibited Substance and the Athletic Department is able to independently corroborate the details of such report;

3. Observation that a Student-Athlete is exhibiting physical indicators, as detailed in Attachment B to this Policy, of Prohibited Substance impairment or use;
4. The Student-Athlete has been arrested, charged, or convicted of a drug-related offense or the Student-Athlete has been identified as the focus of a criminal investigation into illegal drug possession, use, or trafficking; or
5. Any other circumstances in which the Athletic Director, or designee, has determined Reasonable Suspicion, as defined above, to exist.

The grounds supporting reasonable suspicion will be documented and outlined in the Reasonable Suspicion form, attached hereto as Attachment C to this Policy. The Reasonable Suspicion form must be approved by the Athletic Director, sports supervisor, or designee.

- D. **Voluntary Consent** – consent that is freely given, without duress, coercion, or subtle promises or threats calculated to flaw the free and unconstrained nature of the decision. A Student-Athlete's voluntary consent to body fluid sample testing will be documented in the Student-Athlete Consent to Body Fluid Sample Testing For Prohibited Substances Form, attached hereto as Attachment D to this Policy.

#### **EFFECTIVE DATE**

This Policy is effective immediately and replaces the Policy originally dated June 2, 2008 as revised. This Policy, and its administration/operation, is subject to change or modification at any time.

## ATTACHMENT A: APPEAL FORM

**For Official University Use Only**

Date Received by Associate Athletic Director: \_\_\_\_\_

Associate Athletic Director's Initials: \_\_\_\_\_

### APPEAL FORM FOR VIOLATION OF INTERCOLLEGIATE ATHLETIC DEPARTMENT SUBSTANCE ABUSE EDUCATION AND TESTING PROGRAM POLICY UNIVERSITY OF COLORADO BOULDER

NAME: \_\_\_\_\_

BEST PHONE NUMBER TO REACH YOU: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE OF BODY FLUID SAMPLE TEST SUBMISSION: \_\_\_\_\_

- Student-Athletes have the right to appeal a violation finding pursuant to the policy, if based upon one or more of the following grounds:
  - The established procedures were not followed in a significant way and as a result, the violation finding was not correct. Deviation from the procedures in this policy will not invalidate a violation except where such deviation has clearly resulted in significant prejudice to the Student-Athlete.
  - There is new information that would have been material to violation finding had the information been presented at the time to the sports supervisor. The new information must be included with the student's request for appeal and the student must show that the new information was not known by the sports supervisor at the time that the sports supervisor determined that the Student-Athlete violated this policy.
- **A Student-Athlete who has admitted to using a Prohibited Substance or indicates that his or her body fluid sample will test positive for a Prohibited Substance shall not have the right to appeal.**
- **This form must explain the Student-Athlete's grounds for appeal and all rationale for appeal. Please attach any documents that you would like considered to this form. Subsequent information and/or revisions to the appeal will not be accepted.**

## APPEAL FORM – Narrative

**Name:**\_\_\_\_\_ **Date:**\_\_\_\_\_ **Page:**\_\_\_ of \_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## **ATTACHMENT B: INDICATORS OF PROHIBITED SUBSTANCE IMPAIRMENT<sup>1</sup>**

- (1) Has alcohol odor on breath
- (2) Has developed bulky muscles
- (3) Is stumbling, staggering; has difficulty balancing; acts in an uncoordinated manner
- (4) Behaves in an unpredictable manner; behaves erratically
- (5) Looks sedated, sleepy, over relaxed; has droopy eyelids
- (6) Uses slurred speech
- (7) Appears disoriented, confused seems “spaced out”
- (8) Has impaired fine motor skills
- (9) Has fresh needle marks on the body
- (10) Has scars or tracks over veins in inner arm
- (11) Shows dramatic weight loss
- (12) Is overactive, overly excitable
- (13) Is very talkative
- (14) Has small, constricted pupils
- (15) Shows recent increase in weight
- (16) Is unaffected by affliction of physical injuries
- (17) Is recently always broke, without money
- (18) Has large, dilated pupils
- (19) Shows slow, decreased reactions
- (20) Seems paranoid; looks anxious
- (21) Is frequently sniffing
- (22) Acts violently, aggressively
- (23) Is late or absent from practice
- (24) Has red, blood-shot eyes
- (25) Has extreme mood swings
- (26) Has a slow respiration rate
- (27) Has poor concentration, difficulty focusing
- (28) Has marijuana odor on clothes, hair
- (29) Has excessive hunger or thirst
- (30) Lacks motivation
- (31) Has runny nose
- (32) Is vomiting; has nausea, intestinal difficulty
- (33) Is nervous, agitated, fidgety (tapping feet, hands)

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<sup>1</sup> Numbers 1 through 33 of this checklist are derived from the article, “Defining ‘Reasonable Suspicion’ of Employee Drug Use: The Symptoms of Drug Impairment Checklist” by Paul M. Mastrangelo and Beth McDonald of the University of Baltimore. To operationally define “reasonable suspicion” for employee urinalysis, the authors asked state certified substance abuse counselors to rate 168 symptoms of alcohol and other drug impairment on the degrees to which each behavior is observed when a person is impaired by a particular substance. This list represents the top rated symptoms indicative of impairment across drug types. Numbers 34 through 45 are derived from The National Drug Screen website (2007) for reasonable cause determination checklist, available at <http://www.nationaldrugscreen.com/dfmanual-supervisors-checklist.html>.

- (34) Scratching
- (35) Involuntary eye movement
- (36) Excessively active
- (37) Flushed skin
- (38) Sweating
- (39) Yawning
- (40) Twitching
- (41) Dizziness
- (42) Unconsciousness
- (43) Inability to verbalize
- (44) Irritable
- (45) Argumentative

## ATTACHMENT C: REASONABLE SUSPICION FORM

**Instructions:** In accordance with the University of Colorado Boulder Intercollegiate Athletic Department's Substance Abuse Education and Testing Program Policy, complete this form when there is reasonable suspicion (defined as suspicion founded upon specific, objective, and individualized facts which, if taken with rational inferences drawn from those facts, strongly suggests that drug testing may produce evidence of improper use of a prohibited substance) based upon: (1) a report by a self-identified witness or person with credible knowledge of prohibited substance use; (2) an anonymous witness report that has been independently corroborated by the Athletic Department; (3) observation that a student-athlete is exhibiting physical indicators of prohibited substance impairment; (4) a student-athlete's arrest, charge, or conviction of a drug-related offense or crime involving violence or the threat of violence, including, but not limited to, assault, sexual assault, menacing, or robbery; (5) the student-athlete being identified as the focus of a criminal investigation into illegal drug possession, use, or trafficking; or (6) such other circumstances as provided in the space below.

|                                |                                         |
|--------------------------------|-----------------------------------------|
| <b>Student-Athlete's Name:</b> | <b>Specific Location of Occurrence:</b> |
| <b>Date of Occurrence:</b>     | <b>Student-Athlete's Team(s):</b>       |

Mark each area below to identify the specific reasonable suspicion ground that applies to this occurrence and complete all requested information that pertains to that ground.

- \_\_\_\_\_ **1. A report, for which the Athletic Department has no legitimate reason to question the credibility of (i.e. Athletics is not aware of a motive the reporting person may possess for being untruthful), by a student, staff or faculty member, or other individual who identifies his/herself and provides details, that he/she is willing to testify to, indicating that he/she witnessed a Student-Athlete use a Prohibited Substance or otherwise has knowledge that the Student-Athlete has used a Prohibited Substance.**

[NOTE: PLEASE VERIFY THE REPORTING WITNESS WOULD BE WILLING TO TESTIFY, TO THE EXTENT NECESSARY, IN A FORMAL PROCEEDING TO THE ACCURACY OF INFORMATION BEING REPORTED. IF THE REPORTING WITNESS IS NOT WILLING TO TESTIFY, PLEASE TREAT THIS AS AN ANONYMOUS REPORT THAT HAS BEEN INDEPENDENTLY CORROBORATED BY LEAVING #1 BLANK AND INSTEAD COMPLETING #2.]

## Reasonable Suspicion Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Page: \_\_\_\_ of \_\_\_\_

### Name(s) of Reporting Person(s), Contact Information, and Job Title(s) (if applicable):

|    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

*Provide a complete narrative of the circumstances reported (quote any specific remarks and describe all relevant facts):* \_\_\_\_\_

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*Describe any inferences drawn from the reported facts:* \_\_\_\_\_

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- \_\_\_\_\_ 2. **An anonymous report, for which the Athletic Department has no legitimate reason to question the credibility of (i.e. Athletics is not aware of a motive the reporting person may possess for being untruthful), by an unidentified individual who provides details indicating that he/she witnessed a Student-Athlete use a Prohibited Substance or otherwise has knowledge that the Student-Athlete used a Prohibited Substance, and the Athletic Department is able to independently corroborate the details of such report;**

*Provide a complete narrative of the circumstances reported (quote any specific remarks and describe all relevant facts):* \_\_\_\_\_

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### Reasonable Suspicion Form

Name: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_ Page: \_\_\_\_ of \_\_\_\_

*Describe any inferences drawn from the reported facts:* \_\_\_\_\_

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*Describe how the reported facts were independently corroborated and the nature of the independent corroboration:*

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\_\_\_\_\_ 3. **Observation that a Student-Athlete is exhibiting physical indicators of prohibited substance impairment.**

**Name(s) of Reporting Witness(es), Contact Information, and Job Title(s) (if applicable):**

|    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |
| 5. | 6. |

## Reasonable Suspicion Form

**Name:** \_\_\_\_\_ **Date of Occurrence:** \_\_\_\_\_ **Page:** \_\_\_\_ of \_\_\_\_

*Check all items observed:*

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| <p>↑</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Has alcohol odor on breath</td></tr> <tr><td><input type="checkbox"/> Has developed bulky muscles</td></tr> <tr><td><input type="checkbox"/> Is stumbling, staggering; has difficulty balancing; acts in an uncoordinated manner</td></tr> <tr><td><input type="checkbox"/> Behaves in an unpredictable manner; behaves erratically</td></tr> <tr><td><input type="checkbox"/> Looks sedated, sleepy, over relaxed; has droopy eyelids</td></tr> <tr><td><input type="checkbox"/> Uses slurred speech</td></tr> <tr><td><input type="checkbox"/> Has impaired fine motor skills</td></tr> <tr><td><input type="checkbox"/> Has fresh needle marks on the body</td></tr> <tr><td><input type="checkbox"/> Has scars or tracks over veins in inner arm</td></tr> <tr><td><input type="checkbox"/> Shows dramatic weight loss</td></tr> <tr><td><input type="checkbox"/> Is overactive, overly excitable</td></tr> <tr><td><input type="checkbox"/> Is very talkative</td></tr> <tr><td><input type="checkbox"/> Has small, constricted pupils</td></tr> <tr><td><input type="checkbox"/> Shows recent increase in weight</td></tr> <tr><td><input type="checkbox"/> Is nervous, agitated, fidgety (tapping feet, hands)</td></tr> <tr><td><input type="checkbox"/> Is unaffected by affliction of physical injuries</td></tr> <tr><td><input type="checkbox"/> Is recently always broke, without money</td></tr> <tr><td><input type="checkbox"/> Has large, dilated pupils</td></tr> <tr><td><input type="checkbox"/> Shows slow, decreased reactions</td></tr> </table> | <input type="checkbox"/> Has alcohol odor on breath | <input type="checkbox"/> Has developed bulky muscles | <input type="checkbox"/> Is stumbling, staggering; has difficulty balancing; acts in an uncoordinated manner | <input type="checkbox"/> Behaves in an unpredictable manner; behaves erratically | <input type="checkbox"/> Looks sedated, sleepy, over relaxed; has droopy eyelids | <input type="checkbox"/> Uses slurred speech | <input type="checkbox"/> Has impaired fine motor skills | <input type="checkbox"/> Has fresh needle marks on the body | <input type="checkbox"/> Has scars or tracks over veins in inner arm | <input type="checkbox"/> Shows dramatic weight loss | <input type="checkbox"/> Is overactive, overly excitable | <input type="checkbox"/> Is very talkative | <input type="checkbox"/> Has small, constricted pupils | <input type="checkbox"/> Shows recent increase in weight | <input type="checkbox"/> Is nervous, agitated, fidgety (tapping feet, hands) | <input type="checkbox"/> Is unaffected by affliction of physical injuries | <input type="checkbox"/> Is recently always broke, without money | <input type="checkbox"/> Has large, dilated pupils | <input type="checkbox"/> Shows slow, decreased reactions | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Seems paranoid; looks anxious</td></tr> <tr><td><input type="checkbox"/> Is frequently sniffing</td></tr> <tr><td><input type="checkbox"/> Acts violently, aggressively</td></tr> <tr><td><input type="checkbox"/> Is late or absent from practice</td></tr> <tr><td><input type="checkbox"/> Has red, blood-shot eyes</td></tr> <tr><td><input type="checkbox"/> Has extreme mood swings</td></tr> <tr><td><input type="checkbox"/> Has a slow respiration rate</td></tr> <tr><td><input type="checkbox"/> Has poor concentration, difficulty focusing</td></tr> <tr><td><input type="checkbox"/> Has marijuana odor on clothes, hair</td></tr> <tr><td><input type="checkbox"/> Has excessive hunger or thirst</td></tr> <tr><td><input type="checkbox"/> Lacks motivation</td></tr> <tr><td><input type="checkbox"/> Has runny nose</td></tr> <tr><td><input type="checkbox"/> Is vomiting; has nausea, intestinal difficulty</td></tr> <tr><td><input type="checkbox"/> Scratching</td></tr> <tr><td><input type="checkbox"/> Involuntary eye movement</td></tr> <tr><td><input type="checkbox"/> Excessively active</td></tr> <tr><td><input type="checkbox"/> Flushed skin</td></tr> <tr><td><input type="checkbox"/> Sweating</td></tr> <tr><td><input type="checkbox"/> Irritable</td></tr> <tr><td><input type="checkbox"/> Yawning</td></tr> <tr><td><input type="checkbox"/> Twitching</td></tr> <tr><td><input type="checkbox"/> Dizziness</td></tr> <tr><td><input type="checkbox"/> Unconsciousness</td></tr> <tr><td><input type="checkbox"/> Inability to verbalize</td></tr> </table> | <input type="checkbox"/> Seems paranoid; looks anxious | <input type="checkbox"/> Is frequently sniffing | <input type="checkbox"/> Acts violently, aggressively | <input type="checkbox"/> Is late or absent from practice | <input type="checkbox"/> Has red, blood-shot eyes | <input type="checkbox"/> Has extreme mood swings | <input type="checkbox"/> Has a slow respiration rate | <input type="checkbox"/> Has poor concentration, difficulty focusing | <input type="checkbox"/> Has marijuana odor on clothes, hair | <input type="checkbox"/> Has excessive hunger or thirst | <input type="checkbox"/> Lacks motivation | <input type="checkbox"/> Has runny nose | <input type="checkbox"/> Is vomiting; has nausea, intestinal difficulty | <input type="checkbox"/> Scratching | <input type="checkbox"/> Involuntary eye movement | <input type="checkbox"/> Excessively active | <input type="checkbox"/> Flushed skin | <input type="checkbox"/> Sweating | <input type="checkbox"/> Irritable | <input type="checkbox"/> Yawning | <input type="checkbox"/> Twitching | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Inability to verbalize |
| <input type="checkbox"/> Has alcohol odor on breath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/> Has developed bulky muscles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <input type="checkbox"/> Is stumbling, staggering; has difficulty balancing; acts in an uncoordinated manner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Behaves in an unpredictable manner; behaves erratically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <input type="checkbox"/> Looks sedated, sleepy, over relaxed; has droopy eyelids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <input type="checkbox"/> Uses slurred speech                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Has impaired fine motor skills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <input type="checkbox"/> Has fresh needle marks on the body                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Has scars or tracks over veins in inner arm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <input type="checkbox"/> Shows dramatic weight loss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/> Is overactive, overly excitable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Is very talkative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <input type="checkbox"/> Has small, constricted pupils                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Shows recent increase in weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Is nervous, agitated, fidgety (tapping feet, hands)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Is unaffected by affliction of physical injuries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Is recently always broke, without money                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <input type="checkbox"/> Has large, dilated pupils                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <input type="checkbox"/> Shows slow, decreased reactions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Seems paranoid; looks anxious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Is frequently sniffing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input type="checkbox"/> Acts violently, aggressively                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <input type="checkbox"/> Is late or absent from practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Has red, blood-shot eyes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Has extreme mood swings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <input type="checkbox"/> Has a slow respiration rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <input type="checkbox"/> Has poor concentration, difficulty focusing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <input type="checkbox"/> Has marijuana odor on clothes, hair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Has excessive hunger or thirst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <input type="checkbox"/> Lacks motivation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Has runny nose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <input type="checkbox"/> Is vomiting; has nausea, intestinal difficulty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <input type="checkbox"/> Scratching                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/> Involuntary eye movement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Excessively active                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Flushed skin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <input type="checkbox"/> Sweating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Irritable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <input type="checkbox"/> Yawning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <input type="checkbox"/> Twitching                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <input type="checkbox"/> Dizziness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <input type="checkbox"/> Unconsciousness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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         |                                                         |                                           |                                         |                                                                         |                                     |                                                   |                                             |                                       |                                   |                                    |                                  |                                    |                                    |                                          |                                                 |
| <input type="checkbox"/> Inability to verbalize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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         |                                                         |                                           |                                         |                                                                         |                                     |                                                   |                                             |                                       |                                   |                                    |                                  |                                    |                                    |                                          |                                                 |

*Please provide additional details relevant to the boxes checked above. You may also describe any other specific objective findings not listed:* \_\_\_\_\_

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## Reasonable Suspicion Form

Name: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_ Page: \_\_\_\_ of \_\_\_\_

\_\_\_\_ 4. Other circumstances as described below:

*Check all items observed:*

Unexplained or unexcused absences to  
practices, class or required appointments

Unable to explain unusual behavior to  
authority figure in a reasonable and  
satisfactory way

Rude or irrational behavior to authority  
figures

Possession of paraphernalia commonly used  
with substances

*Provide a complete narrative of the circumstances reported (quote any specific remarks and  
describe all relevant facts):* \_\_\_\_\_

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*Describe any inferences drawn from the reported facts:* \_\_\_\_\_

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*Additional Comments and Information:* \_\_\_\_\_

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## Reasonable Suspicion Form

**Name:** \_\_\_\_\_ **Date of Occurrence:** \_\_\_\_\_ **Page:** \_\_\_\_ **of** \_\_\_\_

Name and Job Title of Person Who Completed Form: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed and Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Student-Athlete Acknowledgement: \_\_\_\_\_

**ATTACHMENT D: STUDENT-ATHLETE CONSENT TO BODY FLUID SAMPLE TESTING FOR PROHIBITED SUBSTANCES FORM**

I hereby agree to submit to a body fluid sample (such as urine or blood) test and to furnish a sample of my urine, breath, and/or blood for analysis pursuant to the University of Colorado Boulder Intercollegiate Athletic Department's Substance Abuse Education and Testing Program Policy ("Drug Testing Policy"). I have reviewed and am familiar with the terms of the Drug Testing Policy. I have not been coerced or threatened to provide my consent. I knowingly and voluntarily consent to testing procedures. This consent form has been explained to me in a language I understand, and I have been told that if I have any questions about the procedures or the Drug Testing Policy, they will be answered. I confirm that I am over eighteen years of age.

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Signature of Student-Athlete

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Date

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Student-Athlete's Name - Printed