

Attachment C
East Georgia State College Department of Athletics Drug Testing Reasonable Suspicion Reporting Form

I, _____, under the reasonable suspicion clause that is

Staff Name

outlined in the East Georgia State College Substance Abuse Policy, report the following objective sign(s), symptom(s) or behavior(s) that I reasonably believe warrant _____ (Student athlete) being referred to the Athletic Director or his/her designee for possible drug testing. The following sign(s), symptoms(s) or behaviors(s) were observed by me over the past _____ hours and/or _____ days.

Please Check Below All That Apply:

The Student/Athlete has shown:

- | | |
|---|---|
| <input type="checkbox"/> irritability | <input type="checkbox"/> loss of temper |
| <input type="checkbox"/> poor motivation | <input type="checkbox"/> failure to follow directions |
| <input type="checkbox"/> verbal outburst | <input type="checkbox"/> physical outburst |
| <input type="checkbox"/> emotional outburst | <input type="checkbox"/> weight gain |
| <input type="checkbox"/> weight loss | <input type="checkbox"/> sloppy hygiene and/or appearance |

The Student-Athlete has been:

- late for practice
- late for class
- not attending class
- receiving poor grades
- staying up too late
- missing appointments
- missing/skipping meals

The Student-Athlete has demonstrated the following:

- dilated pupils
- constricted pupils
- red eyes
- smell of marijuana
- staggering or difficulty walking
- constantly running and/or red nose
- over stimulated or "hyper"
- excessive talking
- withdrawn
- periods of memory loss
- slurred speech
- recurrent motor vehicle accidents or violations
- recurrent violations of student code of conduct policy

Other specific objective findings include:

Signature:

Name of Staff

Signature of Staff

Date

Received By:

Athletic Director/Designee

Date

Name of Counselor Consulted

Date

Reasonable Suspicion Upheld

Reasonable Suspicion Denied