

NORWICH UNIVERSITY DEPARTMENT OF ATHLETICS
DRUG TESTING REASONABLE SUSPICION
REPORTING FORM

I, _____, under the reasonable suspicion clause
Name of Norwich University Athletic Dept. Staff Member

that is outlined in the Norwich University Drug Testing

Policy, report the following objective sign(s), symptom(s) or behavior(s) that I

reasonably believe warrant _____ be referred to
Name of Student-Athlete

the Director of Athletics or his/her designee for possible drug testing. The

following sign(s), symptom(s) or behavior(s) were observed by me over the past

_____ hours and/or _____ days.

Please check below all that apply:

The Student-Athlete has shown:

- _____ irritability
- _____ loss of temper
- _____ poor motivation
- _____ failure to follow directions
- _____ verbal outburst (e.g. to faculty, staff, teammates)
- _____ physical outburst (e.g. throwing equipment)
- _____ emotional outburst (e.g. crying)
- _____ weight gain
- _____ weight loss
- _____ 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

