

**AUGUSTA STATE UNIVERSITY  
DEPARTMENT OF ATHLETICS  
DRUG TESTING REASONABLE SUSPICION  
REPORTING FORM**

I, \_\_\_\_\_, under the reasonable suspicion clause  
ASU Athletic Dept. Staff Member

that is outlined in the <school> Drug Education and Drug

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

that I reasonably believe warrant \_\_\_\_\_ be referred  
Name of Student-Athlete

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

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

\_\_\_\_\_ hours and/or \_\_\_\_\_ days.

**Please check below all that apply:**

The Student-Athlete has 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

