

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

I, \_\_\_\_\_, under the reasonable suspicion clause that is outlined in the East Georgia State College Drug Education and Drug Testing Policy, report the following objective sign(s), symptom(s) or behavior(s) that I reasonably believe warrant \_\_\_\_\_ being referred to the Athletic Director or his/her designee for

\_\_\_\_\_ Student-Athlete 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 alcohol  
 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 withdrawn  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

**Attachment C (continued)**

**Other specific objective findings include:**

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**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**