

**SOUTHEASTERN CONFERENCE  
MEDICAL EXEMPTION CERTIFICATE**

**NAME** \_\_\_\_\_

**SPORT** \_\_\_\_\_

**INSTITUTION** \_\_\_\_\_

**FOR ACADEMIC YEAR** \_\_\_\_\_

**NCAA BYLAW 15.5.1.4**

NCAA Rules and Regulations allow a student-athlete to remain on financial aid and not be counted in accordance with the maximum awards limitations as per NCAA Bylaw 15.5.2, 15.5.3, 15.5.4 and 15.5.5 provided the student-athlete:

Becomes injured or ill to the point that the student-athlete apparently will be unable to participate in intercollegiate athletics ever again. Such a student-athlete (if countable at the time the injury or illness occurred) need not be counted beginning with the next academic year.

- (1) If circumstances change and the student-athlete subsequently practices or participates, the student- athlete again shall be counted; and the institution then would be required to count such financial assistance under the limitations of this bylaw in the sport in question during each academic year the I fully understand the conditions of being classified as an "Exempted Player" and that the diagnosis of the injury or illness clearly appears to be incapacitating and that there is reasonable expectation that I will never again be able to participate in intercollegiate athletics.
- (2) The Council, by a two-thirds majority of its members present and voting, may waive the requirements of 15.5.1.4.2 upon a determination that sufficient documentation is available from competent medical authorities to indicate that the original injury or illness clearly appeared to be incapacitating and there was no reasonable expectation that the student-athlete ever again would be able to participate in intercollegiate athletics.

**PHYSICIAN STATEMENT:**

**Diagnosis of injury or illness: (Use standard nomenclature of athletic injuries.)**

\_\_\_\_\_  
\_\_\_\_\_

**Describe the severity of the injury or illness that would prevent the athlete from further participation.**

\_\_\_\_\_  
\_\_\_\_\_

**Medical reason for disqualifying student-athlete from competition in intercollegiate athletics.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Date)

**STUDENT-ATHLETE:**

I fully understand the conditions of being classified as an "Exempted Player" and that the diagnosis of the injury or illness clearly appears to be incapacitating and that there is reasonable expectation that I will never again be able to participate in intercollegiate athletics.

Furthermore. I also understand that if circumstances change and I am able to practice or participate, I must be counted as per NCAA Bylaw 15.5.2, 15.5.3, 15.5.4 and 15.5.5.

It is also my understanding that I may continue to receive financial aid.

\_\_\_\_\_  
(Student-Athlete)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Institutional Representative)

\_\_\_\_\_  
(Date)