

UNIVERSITY OF WEST ALABAMA ATHLETIC TRAINING

Sickle Cell Trait Testing Form

About Sickle Cell Trait-

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition (> three million Americans)
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

Sickle Cell Trait Testing-

- The **NCAA mandates** that all NCAA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- The student-athlete is responsible for obtaining results from a previous test or having sickle cell testing performed with their physician as part of the Pre-Participation Physical Exam that is required.

Sickle Cell Testing Prior Testing Verification

Student-Athlete: _____ Date of Birth: _____ Sport: _____

Must be completed by a physician

I verify that the above named individual has been tested for Sickle Cell Trait. The result of this test was:

_____ Positive _____

_____ Negative _____
Physician Name and Signature

_____ Date of Test _____
Physician's Address

Physician's Telephone Number

SICKLE CELL TRAIT TESTING WAIVER

I, _____, understand and acknowledge that the NCAA and the
Student-Athlete Name
University of West Alabama Department of Athletics mandate that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the University of West Alabama Athletic Training staff.

I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination, **and I voluntarily agree to hereby release, waive, forever discharge, indemnify, hold harmless and covenant not to sue** the University of West Alabama, its officers, employees, agents, team physicians, and designees and others (all of whom are collectively called UWA), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me, due to my non-compliance with the sickle cell testing status mandate of the NCAA and the UWA Department of Athletics. It is my express intent that this assumption of risk, release and hold harmless statement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue UWA.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver, or, if not 18 years of age, that I and my parent(s)/guardian(s) have read and signed this document with full knowledge of its significance. .

Student-Athlete Signature

Date

Sport

Parent/Guardian Signature (*if under 18 years of age*)

Date

Parent/Guardian Print Name

Witness

Date