About Sickle Cell Trait

• Sickle cell trait is not a disease. Sickle cell trait is an inherited condition affecting the oxygen-carrying substance, hemoglobin, in the red blood cells. You are born with sickle cell trait; it cannot be developed over time or contracted like a disease.

• Sickle cell trait is a common condition (> three million Americans)

• Although Sickle cell trait occurs most commonly in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ethnicities may test positive for this condition.

• Those with sickle cell trait usually have no symptoms or any significant health problems. However, sometimes during very intense, sustained physical activity, as can occur with collegiate sports, certain dangerous conditions can develop in those with sickle cell trait, leading to blood vessel and organ (kidneys, muscles, heart) damage that can cause sudden collapse and death. Some of the settings in which this can occur include timed runs, all out exertion of any type for 2 to 3 continuous minutes without a rest period, intense drills and other bursts of exercise after doing prolonged conditioning training. Extreme heat and dehydration increase the risks. (NCAA: A Fact Sheet for Coaches, Sickle Cell Trait, [link])

• More information and resources regarding sickle cell trait and the NCAA’s recommendation for sickle cell trait testing can be found at the NCAA web site resource pages regarding the sickle cell trait, accessible at: www.NCAA.org/health-safety.

Sickle Cell Trait Testing

• The NCAA recommends that all student-athletes have knowledge of their sickle cell trait status. Student-athletes must 1) show proof of a prior test with results; 2) have a blood test to check for sickle cell trait; or 3) sign a testing waiver declining options 1 and 2. Whichever option is chosen, it must be completed before the athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.

• Athletes who are positive for the trait will be allowed to participate in intercollegiate athletics; this does NOT prohibit you from playing.

One of the following options must be chosen. Include any documentation if necessary:

1.) Copy of athlete's newborn sickle cell testing result attached. ____________ Date: ____________
   Most states require testing at birth, check with your hospital or pediatrician

2.) Copy of recent sickle cell screening test result attached. ____________ Date: ____________
   Cost of testing is the responsibility of the athlete

3.) SICKLE CELL TESTING WAIVER:
   By signing this waiver I understand and acknowledge that the NCAA recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I certify that I have read and fully understand the aforementioned facts and I have had the opportunity to review the NCAA website for further information 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 Western New England University Athletic Department.

   I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless Western New England University, its trustees, employees, agents and their successors and assigns from any and all costs, claims, damages or expenses, including attorneys fees, arising from any loss or personal injury that might result from my refusal to be tested.

   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.

______________________             _______________________             __________                     ________________________
Student-Athlete's Signature            Student-Athlete's Print Name            Date            SPORT(s):

______________________             _______________________             __________
Parent/Guardian's Signature (if under 18 years of age)            Parent/Guardian's Print Name            Date