**Trinity Washington University Sports Medicine**

**Sickle Cell Trait Information Sheet/Waiver**

The NCAA recommends that all student-athletes be aware of their sickle cell status. If the student-athlete does not know their sickle cell status, the NCAA recommends that s/he have a sickle cell solubility test administered before participation. Trinity is supportive of the NCAA’s recommendation and requests that each student provide documented results of a sickle cell solubility test before participation. If a student opts not to provide the university with this information, s/he must sign a waiver. To help you make an informed decision regarding this issue, below is some basic regarding the sickle cell trait.

Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells. Those of African, South or Central American, Carribean, Mediterranean, Indian, and Saudia Arabian ancestry are at higher risk for having the sickle cell trait, though it may occur in all races; about 8% of the African American population in the US are carriers of the sickle cell trait. Although sickle cell trait is usually benign, there are risks associated with this condition. During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon or “sickle.” Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles. During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed, and even died. Heat, dehydration, altitude, and asthma may increase risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.

Sickle Cell Trait Testing:

* If you choose to undergo testing, all associated costs are your own responsibility. Please provide results to Trinity Washington University’s Sports Medicine Department along with your pre-season paperwork.
* If you choose not to be tested, you must complete and sign below.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and acknowledge that the NCAA and Trinity Washington University

 (student-athlete name)

recommend that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned 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 Trinity Washington Unviersity’s Sports Medicine personnel.

By signing this waiver, I affirm that I do not wish to know my sickle cell trait status, and I voluntarily agree to release, discharge, indemnify and hold harmless Trinity Washington University, its officers, employees, and agents from any all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to follow the recommendation that I know my sickle cell trait status and share that information with Trinity Washington University’s Department of Athletics Sports Medicine personnel.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_