



Department of Sports Medicine

Sickle Cell Trait Status Disclosure Form

About Sickle Cell Trait Status:

- Sickle cell trait status is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
Although Sickle cell is predominant in African-Americans and Mediterranean populations persons of all races may test positive.
Sickle cell trait status has been associated with a condition known as exertional rhabdomyolysis, renal failure and death. Complicating factors include extreme exertion, increased heat, altitude and dehydration.
During intense exercise hypoxia (lack of oxygen) in the muscles may cause a sickling of red blood cells. The sickled blood cells can accumulate in the bloodstream and block blood vessels, leading to collapse from rapid breakdown of muscles.
Please see the below website for more information regarding sickle cell trait status including the NCAA fact sheet.
http://www.ncaa.org/wps/portal/ncaahome?WCM_GLOBAL_CONTEXT=/ncaa/NCAA/Academics+and+Athletes/Personal+Welfare/Health+and+Safety/SickleCellTrait

Testing:

- The NCAA and New England College Sport Medicine Department mandate that all NCAA student athletes have knowledge of their sickle cell trait status, show proof of the prior test or sign a waiver before a student-athlete participates in intercollegiate athletics events, including strength and conditioning sessions, practices, or competitions.
Sickle cell trait testing in the form of a blood test can be done by the student-athlete's personal primary care physician or by the New England College Student Wellness Center. Testing generally costs approximately \$41 depending on the testing site. THIS EXPENSE IS THE RESPONSIBILITY OF THE STUDENT-ATHLETE. Results will be reported to the New England College Sport Medicine Staff.

To be completed by a health care provider (MD, NP, DO, PA)

Athletes Name: _____ Date of Birth: _____

Sickle Cell Trait Positive _____ Sickle Cell Trait Negative _____ Date of Sickle Cell Trait Testing: _____

Contraindications to Activity: _____

Examiner Name : _____ (MD, NP, DO, PA)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number for Consultations: _____

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

- 1) Copy of the athlete's newborn sickle cell testing results attached. _____ Date: _____
Most states require testing at birth, check with your hospital or pediatrician
2) Copy of athlete's recent sickle cell screening test results attached. _____ Date: _____
Cost of testing is the responsibility of the athlete
3) Copy of sickle cell trait waiver form attached. _____ Date: _____

Examiner Signature: _____ Date: _____