Macalester College Sickle Cell Trait Form for NCAA Intercollegiate Athletics About Sickle Cell Trait

- Sickle cell trait is <u>not a disease</u>. 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, http://web1.ncaa.org/web_files/health_safety/SickleCellTraitforCoaches.pdf)
- 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.
- Macalester College recommends that all student-athletes who are unable to confirm their sickle cell trait status undergo sickle cell trait testing prior to participation in any intercollegiate athlete activity.
- Athletes who are positive for the trait <u>will be allowed</u> 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:

| one of the fone wing options must be | composition and any accu | | n necessar, | |
|--|---------------------------------------|-----------------|-----------------------------|-------------|
| Copy of athlete's newborn sickle | cell testing result attached . | | Date: | |
| Most states require testing at l | birth, check with your hospita | l or pediatr | ician | |
| Copy of recent sickle cell screeni | ng test <u>result attached</u> | | Date: | |
| Cost of testing is the responsib | pility of the athlete | | | |
| SICKLE CELL TESTING WAI | VER: | | | |
| By signing this waiver I under | stand and acknowledge that t | he NCAA re | ecommends that all stud | dent- |
| athletes have knowledge of their sickl | e cell trait status. Additionall | y, I certify tl | nat I have read and full | y |
| understand the aforementioned facts a | and I have had the opportunity | to review t | he NCAA website for f | further |
| information about sickle cell trait and | sickle cell trait testing. | | | |
| Recognizing that my true phys | sical condition is dependent u | pon an accu | rate medical history an | d a full |
| disclosure of any symptoms, complain | nts, prior injuries, ailments, a | nd/or disabil | ities experienced, I her | eby affirm |
| that I have fully disclosed in writing a | ny prior medical history and/ | or knowledg | ge of sickle cell trait sta | itus to the |
| Macalester College Athletic Departme | ent. | | | |
| I do not wish to undergo sickle | e cell trait testing and I volum | arily agree | to release, discharge, in | idemnify |
| and hold harmless Macalester College | e, its officers, employees, age | nts and their | successors and assigns | s from any |
| and all costs, claims, damages or expe | enses, including attorney's fee | es, arising fr | om any loss or persona | l injury |
| that might result from my refusal to be | e tested. | | | |
| | | | | |
| I have read and signed this do | cument with full knowledge of | f its signific | ance. I further state that | at 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 yea | rs of age) Parent/Guardian' | s Print Name | Date | |