Saint Mary's College - Sickle Cell Trait Testing

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 has been associated with a condition known as exertional rhabdomyolysis, renal failure and death.
- Complicating factors include extreme exertion, increased heat, altitude and dehydration.
- Sickle cell trait is usually benign. During intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells change from a normal disc shape to a crescent, “sickle” shape), which can accumulate in the bloodstream, leading to a collapse from the rapid breakdown of muscle starved of blood.
- Please see the below website from more information regarding sickle cell trait including the NCAA fact sheet.

Sickle Cell trait Testing:
- The NCAA recommends that all NCAA Division III student-athletes have knowledge of their sickle cell trait status
- Saint Mary's 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.
- 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 Saint Mary's College Department of Health & Counseling. Testing generally costs between $5-35 depending on the testing site. THIS EXPENSE IS THE RESPONSIBILITY OF THE STUDENT-ATHLETE.

Test Results or Sickle Cell Trait Testing Waiver
After reviewing the above information and the NCAA Fact Sheet for Student-Athletes I have elected to (please choose one and fill in):

- □ Provide Medical History
  I will provide documented proof of my Sickle Cell Trait status from previous testing to the athletic training staff:
  Test Results (circle):  Positive  Negative

- □ Test for Sickle Cell Trait
  I would like to be tested for sickle cell trait. This option is offered through your primary care provider or through Health & Counseling at Saint Mary’s College. I acknowledge that the cost of the sickle cell trait test is at my own expense. I will give my results to the Saint Mary's College Athletic Training Staff. Student-athletes may participate in full activity while awaiting test results. I have received and understand further education on sickle cell trait from the NCAA and Saint Mary’s College.

- □ Opt out of Sickle Cell Trait Test
  I, _____________________________understand and acknowledge that the NCAA and Saint Mary's College Department of Athletics recommends 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 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 medical history and/or knowledge of sickle cell trait status to the Saint Mary's College Athletic Training Staff.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify, and hold harmless Saint Mary's College, its officers, employees, and agents from any and all costs, liabilities, expenses, claims demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the recommendation of the NCAA and Saint Mary's College Department of Athletics. I have also received further education on sickle cell trait from the NCAA and Saint Mary's College.

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 Signature _____________________________ Date __________

Parent/Guardian Signature (if under 18 years of age) _____________________________ Date __________

Parent/Guardian (Print Name) ____________________________________________