

SOUTH DAKOTA SCHOOL OF MINES ATHLETIC TRAINING

Sickle Cell Trait Testing

Effective August 1, 2012, the NCAA requires that all athletic departments must confirm the status of sickle cell trait in all student athletes. What is sickle cell trait?

- Sickle Cell trait is a common condition (>3 million Americans) which is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Although Sickle cell trait is most predominant in African-Americans and those of the 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 is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of the red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "log-jam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.
- Please visit <http://www.ncaa.org/wps/wcm/connect/public/NCAA/Health+and+Safety/Sickle+Cell> for further information from the NCAA pertaining to Sickle Cell Trait.

You will not be allowed to participate in practice/competition without the completion of one of the following steps:

- 1.) Show proof of a previous sickle cell trait test OR schedule a test with a Licensed Physician. Then, present a written statement from the physician depicting the sickle cell trait test results to the SDSM&T Athletic Training Department by July 22, 2014.**

Or

- 2.) For you to sign the waiver below which will release SDSM&T from all liability.**

I, _____ (print name), understand and acknowledge I have read and fully understand the aforementioned facts about Sickle cell trait. I also recognize my true physical condition is dependent upon an accurate annual medical history while participating in intercollegiate athletics at SDSM&T and I have fully disclosed any and all symptoms, complaints, prior injuries, ailments and/or disabilities which I have experienced and my knowledge of Sickle cell trait status to the SDSM&T sports medicine staff. I further understand the risks of Sickle cell trait and athletic participation, however, I DO NOT wish to undergo Sickle cell trait testing as part of my pre-participation physical examination, and I voluntarily agree to release, discharge, indemnify and hold harmless SDSM&T and its employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury which may result from my declining Sickle cell trait testing.

Athlete's Signature: _____ Date of Birth: _____

Date: _____ Sport: _____

SIGNATURE OF PARENT/GUARDIAN IF ATHLETE IS UNDER AGE 18: _____

Printed Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: Date: _____