

# Bemidji State University

## Sickle Cell Trait Form for NCAA Intercollegiate Athletics

### About Sickle Cell Trait

- Sickle cell trait is an inherited condition affecting the oxygen-carrying substance, hemoglobin, in the red blood cells.
- 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.
- Unlike persons with actual sickle cell disease, 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.

### Sickle Cell Trait Testing

The **NCAA recommends** that all student-athletes have knowledge of their sickle cell trait status. Athletes have the following options:

1) show proof of sickle cell testing done at birth; 2) consent to a blood test to check for the sickle cell trait; or 3) sign a waiver declining options 1 and 2. **Whichever option is chosen, it must be completed before the student-athlete participates in any intercollegiate athletic event, including strength and conditioning sessions, try-outs, practices, or competitions.**

- Athletes who are positive for the trait will not be prohibited from participating in intercollegiate athletics.

1.) Copy of student athlete's newborn sickle cell testing result attached. \_\_\_\_\_ Date: \_\_\_\_\_

2.) Copy of recent sickle cell screening test result attached. \_\_\_\_\_ Date: \_\_\_\_\_

3.) SICKLE CELL TESTING WAIVER:

I, \_\_\_\_\_, understand and acknowledge that the NCAA recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts and the University policy 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 the Bemidji State University Department of Athletics. I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Minnesota, the University, its officers, employees, agents and their successors and assigns from any and all costs, claims, damages or expenses, including attorney's fees, arising from any loss or personal injury that might result from my refusal to be tested.

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.

BSU ID #: \_\_\_\_\_

SPORT: \_\_\_\_\_

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Student-Athlete's Print Name                      Date

\_\_\_\_\_  
Parent/Guardian's Signature (*if under 18 years of age*)

\_\_\_\_\_  
Parent/Guardian's Print Name                      Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date