

ADELPHI UNIVERSITY ATHLETIC TRAINING/HEALTH SERVICES

Sickle Cell Trait Testing Waiver Form

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 is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of 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 "logjam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

Sickle Cell Trait Testing-

- The *NCAA* mandates that all *NCAA* student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- The student-athlete is responsible for obtaining results from a previous test or have sickle cell testing performed with their physician as part of the Pre-Participation Physical Exam that is required.

I would like to have sickle cell trait testing done. I will schedule an appointment with the Health Services Center. I understand that I am ineligible to participate in my sport until the results have been received, which averages 48-72 hours.

Printed Name: _____ Signature: _____

Date: _____ Sport: _____ ID#: _____ D.O.B.: _____

SICKLE CELL TRAIT TESTING WAIVER

I, _____, understand and acknowledge that the NCAA and the
Student-Athlete Name

Adelphi University Department of Intercollegiate Athletics mandate 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 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 Adelphi University Athletic Training staff and Health Services Center.

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 Adelphi University, The NCAA, their 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 mandate of the NCAA and the Adelphi University Department of Intercollegiate Athletics.

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 _____ ID# _____ D. O. B. _____

Sport _____

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

Parent/Guardian Print Name _____

Witness _____ Date _____