About Sickle Cell Trait

- Sickle cell trait (SCT) is an inherited condition that can affect the oxygen-carrying substance, hemoglobin, in the red blood cells.
- SCT is a relatively common condition—more than three million Americans affected.
- SCT occurs predominantly in African-Americans (about 8% have it) as well as those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry. Persons of other races and ethnicities also may test positive for this condition, but are much less likely to have it. Caucasian, or white, individuals and those of Latino ethnicity have a less than 1% chance of having SCT, so the risk is quite low for these populations.
- Unlike persons with actual sickle cell disease (two sickle genes), those with SCT (only one sickle gene) 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 SCT, 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 requires that all student-athletes have knowledge of their SCT status. To satisfy this requirement, athletes have the following options: 1) show proof of sickle cell testing done at birth. Since about 1992, all newborns in Connecticut and most other states have performed this test; 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.
- Important note: Athletes who test positive for sickle cell trait (have one gene) or who choose the sickle cell waiver option, will receive additional sickle cell education by the Athletics Department.

OPTIONS

#1) Copy of student athlete’s newborn sickle cell test result submitted, or

#2) Copy of recent sickle cell screening test result submitted, or

#3) Sickle Cell Waiver below read and signed

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 Eastern Connecticut State University’s Student Health Service Office and Athletics Department.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Connecticut, the University, its officers, employees, agents and their successors and assignees from any and all costs, claims, damages or expenses, including attorneys 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.

ECSU ID #: __________________________ SPORT: __________________________

_____________________________ __________________
Student Athlete’s Signature Date

Parent/Guardian’s Signature (if under 18 years of age) Parent/Guardian’s Print Name Date

_____________________________
Witness Signature Date

(Rev. 6/2013)