



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 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 prospective student-athletes have knowledge of their sickle cell trait status before they participate in any tryout.

SICKLE CELL TRAIT TESTING WAIVER

I, _____, understand and acknowledge that the NCAA and the Angelo State University

Prospective Student-Athlete Name

Athletics Department mandates 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 Angelo State University Sports Medicine personnel.

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 the State of Texas, Angelo State University, 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 mandate of the NCAA and the Angelo State University Athletics Department.

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.

Prospective Student-Athlete Signature _____
Date

Sport

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

Parent/Guardian Print Name

Witness _____
Date

Please bring the completed form to head coach of the sports which you are trying out for OR fax to 325-942-2158.