

**Kutztown University of PA**  
**Sickle Cell Trait - Reporting Form**  
**for New & Incoming Student-Athletes**



**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/Central American ancestry, persons of all races and ancestry may test positive.
- An undiagnosed trait can be dangerous, even fatal. 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 and possible death. Twenty-one college football players with Sickle Cell Trait have collapsed and died over the past decade.
- If an athlete tests positive, he or she will still be able to participate in athletics activities with certain precautions.
- More information on Sickle Cell Trait may be found at the following NCAA website:  
<http://www.ncaa.org/sport-science-institute/sickle-cell-trait>

**Sickle Cell Trait Testing:1**

- The **NCAA** has mandated that all new and incoming Division II student-athletes provide proof of their Sickle Cell Trait status or be tested for Sickle Cell Trait before participating in any athletic-related activities, including intercollegiate athletics events, strength and conditioning sessions, practices, competitions, etc.
- **Please PRINT your name, date of birth, and sport(s) below. Select one of the options below and return this form to: Kutztown University, Attn: Athletic Physical Info, Kutztown University Sports Medicine Office, Keystone Hall 124, Kutztown, PA 19530 on or before July 15.**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SPORT(S): \_\_\_\_\_

**If this form is NOT returned by the date set forth above or returned incomplete, you will be placed on Medical HOLD.**

A. \_\_\_\_\_ A copy of my newborn screening records pertaining to Sickle Cell Trait are attached

*This test was mandated for all Pennsylvania newborns beginning in September 1992. If you were born elsewhere in the United States, you can refer to the following link for state specific contact information.*

<https://www.cdc.gov/genomics/resources/h.htm>

B. \_\_\_\_\_ A copy of my Sickle Cell Trait test results from a physician or other authorized medical care provider is attached.

I am aware and acknowledge the results of the test to be:  
(please initial one of the following)

Sickle Cell Trait **Positive:** *Initial* \_\_\_\_\_ Sickle Cell Trait **Negative:** *Initial* \_\_\_\_\_