

**Kutztown University of PA**  
**Sickle Cell Trait - Reporting Form**  
**For Returning Student-Athletes ONLY**



**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 Returning Division II student-athletes be tested for Sickle Cell Trait, show proof of a prior test, or sign a waiver releasing the school from liability if they decline to be tested before participating in 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, Health & Wellness Services, PO Box 730, 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 in another state, you will have to check their statute*).
- B. \_\_\_\_\_ A copy of my Sickle Cell Trait test from a physician or other authorized medical care provider is attached. I acknowledge the results of the test to be: (please initial one of the following)  
 Sickle Cell Trait Positive Initial \_\_\_\_\_ Sickle Cell Trait Negative Initial \_\_\_\_\_
- C. \_\_\_\_\_ I voluntarily decline to be tested, understand that an undiagnosed trait can be dangerous, even fatal, and agree to sign the waiver below. **\*\*IF YOU CHOSE THIS OPTION YOU MUST SIGN THE WAIVER BELOW.**

**Sickle Cell Testing Waiver (only needed if option “C” is selected above):**

I, \_\_\_\_\_, understand and acknowledge that the NCAA mandates that all Division II student-athletes be tested for Sickle Cell Trait, show proof of a prior test, or sign a waiver releasing the University from liability if they decline to be tested before participating in athletic-related activities. 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 other disabilities experienced. I hereby affirm that I have fully disclosed in writing any knowledge of Sickle Cell Trait status to the KU Sports Medicine Staff.

I am aware that if I have Sickle Cell Trait, I am at an increased risk for serious illness or injury, including death – especially during physical exertion. I have reviewed materials regarding Sickle Cell Trait, and have been informed of these risks.

I do not wish to undergo Sickle Cell testing as part of my pre-participation physical exam. I voluntarily agree that in consideration for being granted the opportunity to participate in Intercollegiate Athletics at Kutztown University without agreeing to be tested for Sickle Cell Trait, and in full recognition and appreciation of the risks associated therewith, I, for myself, my executors, administrators and assigns, do hereby release, discharge, indemnify and hold harmless the Commonwealth of Pennsylvania, Kutztown University, its officials, employees, representatives, volunteers and agents from any and all costs, liabilities, expenses, claims, demands, charges, or causes of action on account of any loss or personal injury that might result from my voluntary decision not to be tested.

I have read and signed the document with full knowledge of its significance. If I am under 18 years of age, my parent and/or guardian has also signed below.

\_\_\_\_\_  
*Student – Athlete Signature*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
*Parent or Guardian Signature (if under 18)*

\_\_\_\_\_  
 Date