

## Athletic Training

### Sickle Cell Trait Test Form

Manchester University & the NCAA D-III requires ALL athletes to verify whether they carry the sickle cell trait before participation in ANY physical activity with an intercollegiate sport team.

#### About Sickle Cell Trait

- Sickle Cell Trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle Cell Trait will not turn into the disease; it is a life-long condition that will not change over time. During periods of intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.” Sickled red cells may accumulate in the bloodstream during periods of intense exercise (2-3 minutes), blocking normal blood flow to the tissues and muscles. During periods of intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed, and even died. Heat, dehydration, altitude, and asthma and other medical conditions may increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense. Common signs and symptoms of sickle cell emergencies include but are not limited to: increased pain and weakness in the working muscles (especially legs/buttocks/low back); muscle cramps; soft, flaccid muscle tone; and/or immediate symptoms with no warning signs

The NCAA is mandating that its member institutions verify sickle cell trait status of every student-athlete beginning August 1, 2022. Although there are no requirements limiting participation in sports by student-athletes who have the sickle cell trait, the NCAA requires Athletic Departments to identify each athlete’s status to better educate and identify high-risk student-athletes. All student-athletes at Manchester University are required to provide documentation demonstrating the presence or absence of sickle cell trait. Please have your healthcare provider complete this form by doing a sickle cell solubility test or by documenting results from a previous test. **You will be unable to compete as an athlete until this form and all other medical forms are completed and turned in to the athletic training staff.** Forms should be uploaded into the SportsWare System before the start of your season. Please contact Josh Slayton M.Ed, LAT, ATC at jeslayton@manchester.edu for further information or questions. Thank you for your attention to this important matter.

Positive Test:	<input type="checkbox"/>	Negative Test:	<input type="checkbox"/>	Date of Test:	<input type="text"/>
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To be completed by a healthcare provider (MD, DO, NP, PA):

Student Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contraindications to Activity: \_\_\_\_\_

Healthcare Provider Name: \_\_\_\_\_ (MD, DO, NP, PA)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number for Consultations: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_