

About Sickle Cell Trait

- Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal Hemoglobin.
- It is a common condition affecting more than 3 million Americans. The trait is most prevalent in African Americans and those of Mediterranean, Middle Eastern, Caribbean, South and Central American, and Indian descent, but persons of all races may test positive.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause red blood cells to sickle (change from a disc shape to a crescent or sickle shape), which can cause the red blood cells to get stuck and block blood vessels. This may cause a person to collapse due to the rapid breakdown of the muscles as a result of the lack of oxygen in the blood.

Sickle Cell Trait Testing

The NCAA recommends that all Division III student athletes have knowledge of their sickle cell trait status before participating in any intercollegiate athletics event including strength and conditioning, practice, try-outs, or competitions. (Sickle cell testing is mandatory for all NCAA Division I and II student-athletes.)

- Knox College strongly recommends that all student athletes who are unable to confirm their sickle cell trait status undergo sickle cell trait testing prior to participation in any intercollegiate athletic activity.
- Sickle cell trait testing in the form of a blood test can be done by the student athlete's primary care physician or by Knox College Student Health Services. The expense of the test is the responsibility of the student athlete. See below for information on obtaining your sickle cell trait status
- Student athletes who test positive for the trait will NOT be prohibited from participating in intercollegiate athletics.

Knowing Your Sickle Cell Trait Status

Sickle cell trait test results can be obtained in three ways:

1. You may obtain results from testing performed as a newborn.
Simply do an internet search for newborn screening + your birth state.
 - Students born in Illinois can contact the Illinois Department of Public Health Genetics-Newborn Screening Division at 217-785-8101.
 - The Wisconsin state statute that governs newborn screening states those results will only be given to physicians on behalf of student-athletes.
2. You may be tested by your primary care physician. The student-athlete or student-athlete's primary insurance is responsible for all testing costs. If you choose this option, be sure to attach the results of the test to the document on the next page.
3. You may be tested at the Knox College Student Health Center. Testing costs will be the responsibility of the student-athlete.



DEPARTMENT OF ATHLETICS
 Box K-226, 2 East South Street
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 Phone: 309-341-7378 Fax: 309-341-7091

Sickle Cell Trait Testing Form

Instructions

Choose one of the two options below, sign and date this form, and return it to Scott Sunderland in the Knox College Department of Athletics (address above).

Name _____ Student ID _____

Sports _____

Check one:

I know my sickle cell trait status and the results are attached.

I do not know my sickle cell trait status and I do not wish to be tested. (complete waiver below)

Sickle Cell Trait Testing Waiver

I, _____, understand and acknowledge that the NCAA and Knox College Department of Athletics recommend 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, and have received information on sickle cell trait. 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 Knox College 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 Knox College, 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 recommendation of the NCAA and the Knox College Department of Athletics. 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.

Student-Athlete's Name (print) _____ Student ID # _____

Student-Athlete Signature _____ Date _____

Parent/Guardian's Name (Print) _____ Date _____

Parent/Guardian Signature (if student-athlete is under 18 years of age) _____