



**Valparaiso University Sports Medicine
Student-Athlete Sickle Cell Trait Form**



The NCAA and Valparaiso University recommend that all student-athletes have knowledge of their sickle cell trait status. It is the goal of the Sports Medicine staff to identify persons presenting for physicals that may be in a high-risk category for sickle-cell disease or trait and initiate appropriate testing.

Sickle cell disease is an inherited blood disorder that affects red blood cells—cells that carry oxygen in our bodies. Persons with sickle cell disease make sickle-shaped blood cells, instead of round-shaped. This deformation decreases the cells' flexibility and results in their restricted movement through the body's blood vessels, depriving downstream tissue of oxygen. This can lead to serious medical problems or even death.

Certain conditions can make the sickling worse. These are infection, overexertion, dehydration, cold weather, stress and high altitude, among others.

Sickle cell trait means that you carry enough genetic material to pass on the trait to your children. If you have children with someone else who has sickle cell trait, the child could get sickle cell disease. People with sickle cell trait usually do not get the disease, but under certain extreme conditions (especially dehydration and high altitude), some sickling may occur.

Student-athletes of African American, Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry are in the high-risk category for sickle cell disease.

Student-athletes may choose to waive sickle cell testing. By doing so you demonstrate that you understand the risks stated above and voluntarily agree to release, discharge, indemnify and hold harmless Valparaiso University, the Lutheran University Association, Inc., and any of their officers, trustees, directors, employees, agents and insurers from any and all costs, liabilities, expenses, claims, demands, or causes of action for any loss or personal injury that might result from your non-compliance with the recommendation for sickle cell testing by the NCAA and Valparaiso University.

Please check the appropriate statement below:

_____ I understand that I am in the high-risk category and will be/have been tested.
 I further agree to provide VU Sports Medicine with documentation of my test results.
 _____ Positive _____ Negative _____ Date of Testing

_____ I understand that I am in the low-risk category but will be/have been tested.
 I further agree to provide VU Sports Medicine with documentation of my test results.
 _____ Positive _____ Negative _____ Date of Testing

_____ I understand that I am in the high-risk category but DO NOT wish to be tested.

_____ I understand that I am in the low-risk category and DO NOT wish to be tested.

Printed Student-Athlete Name

Date of Signature

Signature of Student-Athlete

Sport

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

Date of Signature

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

Signature of Supervising Athletic Trainer

Date of Signature