**Sickle Cell Testing/Informed Consent Form**

**Background**
The NCAA requires that all incoming Division I student-athletes must: be tested for the Sickle Cell Trait; provide proof of a prior test; or sign a waiver releasing Robert Morris University for liability if they decline to be tested.

**Purpose of Testing**
To identify student-athletes presenting the Sickle Cell Trait or disease in order to take precautions to minimize the risks associated with athletic participation.

**Definitions**
Sickle Cell Trait – means an individual carries enough genetic material to pass the trait on to their children. If the individual has children with someone else who has the trait, the child could develop sickle cell disease.

Sickle Cell Disease – is an inherited blood disorder that affects red blood cells which carry oxygen through our bodies. Individuals with sickle cell disease produce sickle-shaped blood cells, instead of normal round shaped cells, called “sickling”. Sickling prevents blood and oxygen from flowing to all parts of our bodies, which can lead to serious medical problems or even death. Sickling can occur within the first 2-3 minutes of exercise. Certain conditions can make the sickling worse including infection, overexertion, dehydration, stress, hear, asthma, and high altitude.

**Precautions for Student-Athletes with the Sickle Cell Trait or Disease**
Students who test positive for the trait or disease should use precautionary measures to include:

1. Build up slowly in training with paced progressions, allow for longer periods of rest and recovery between repetitions.

2. Participation in preseason strength and conditioning programs.

3. Discontinue activity with onset of symptoms: i.e. muscle cramping, pain, swelling, weakness, tenderness, inability to “catch your breath”, and fatigue.
Sickle Cell Testing – Options

While Robert Morris University encourages student-athletes to be tested for the Sickle Cell Trait, participation is strictly voluntary.

Please initial next to the option that you are choosing, sign and date where indicated, and return to sports medicine staff.

_____ I authorize Robert Morris University to have me tested for the Sickle Cell Trait.

_____ I certify that I have already been tested for the Sickle Cell Trait and will provide documentation to Robert Morris University of results of this test for my medical file within thirty (30) days. I understand that if I fail to provide this information to RMU within 30 days, RMU shall assume that I am refusing to be tested unless I notify RMU in writing that I request testing.

_____ I do not wish to be tested for Sickle Cell Trait. By refusing this test, I certify that I have read and understand the information contained herein and the risks involved with refusing this test. I voluntarily assume all risks of having Sickle Cell Trait or disease associated with participation with athletics and agree to release and save harmless Robert Morris University, its agents, Board of Trustees, and employees from any and all liability, including claims of negligence, on the part of Robert Morris University, related to my participation in intercollegiate athletics.

____________________________________
Student-Athlete Name (Print)

____________________________________
Student-Athlete Signature

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Parent/Guardian Signature (if under 18 years)

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Robert Morris University Sports Medicine Staff Only

_____ Form received by Sports Medicine Staff
_____ Waived testing
_____ Has been tested previously  _____ 15-day notice sent  _____ 30-day notice sent
_____ Test results provided

Reviewed by:

____________________________________
Staff Signature

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