Sickle Cell Anemia Testing Declination Form

The National Collegiate Athletic Association (NCAA) has passed new legislation recommending that student-athletes must be tested to confirm their Sickle Cell Trait status. Anna Maria College is committed to the utmost safety of our student-athletes and concurs with the NCAA recommendations on Sickle Cell Trait testing.

Sickle Cell Anemia trait is an inherited blood disorder, which can cause serious health problems during exercise.

The sickle gene is most often present in people of African, African-American, Mediterranean, Middle Eastern, Indian, Caribbean, South American, and Central American descent.

During intense exercise and/or states of dehydration, red blood cells change their shape in the bloodstream. This is termed “sickling”. During this process, the amount of oxygenated blood available is reduced and blood vessels may become obstructed, causing problems throughout the body.

Signs of sickling include fatigue, difficulty breathing, leg pain, and sudden weakness.

NO athlete that has been diagnosed with sickle cell anemia trait has ever been disqualified from participation in intercollegiate sports, although some precautions may have to be taken.

*I do not wish to undergo sickle cell anemia trait testing as part of my pre-participation physical examination and I agree to hold harmless, indemnify, and release Anna Maria College, its Department of Athletics, its employees and its staff from and against any and all claims, actions, or causes of action on account of personal injury, disability, or death which may result from the non-compliance of the NCAA and AMC recommendation of sickle cell anemia trait testing.*

*I have read and fully understand this document and its importance. I also acknowledge that I am at least Eighteen (18) years of age and competent to sign this waiver. If I am under Eighteen years of age, my parent or guardian agrees with this waiver as evidenced by their signature below.*

Student’s Printed Name: ___________________________ ___Student’s Signature: ___________________________

Parent/Legal Guardian Printed Name: __________________________________________________________

Parent/Legal Guardian Signature: _____________________________________________________________

Date: ___________________________