

**California State Polytechnic University, Pomona**  
**Department of Intercollegiate Athletics**  
**Sickle Cell Trait Testing**

**About Sickle Cell Trait**

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood. In rare severe cases, exertional sickling has led to the death of athletes with this trait.

**Sickle Cell Trait Testing**

- The NCAA recommends that all student-athletes at the Division I and II levels have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- Cal Poly Pomona Department of Intercollegiate Athletics offers sickle cell trait screening in the form of a blood test to all student-athletes as part of the pre-participation physical examination process.
- Testing will be conducted at the Cal Poly Pomona Health Center Laboratory and/or other designated laboratory facility. Results will be reported to Cal Poly Pomona Student Health Services, the Cal Poly Pomona Team Physician, and Cal Poly Pomona Athletic Training staff.
- Individuals that test positive for sickle cell trait will be counseled on what can be done to avoid complications and to provide optimal care of you during practice, competition, and conditioning.

☐ I agree to testing ( include copy of testing results if obtained off campus)

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Student-Athlete Signature

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Student-Athlete Print Name

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Sport

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Date

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Parent/Guardian Signature (If under 18 years of age)

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Parent/Guardian Print Name

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Date

## SICKLE CELL TRAIT TESTING WAIVER

I, \_\_\_\_\_, understand and acknowledge that the NCAA and  
Student-Athlete Name (Print Name)

Cal Poly Pomona Department of Intercollegiate Athletics recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned information about sickle cell trait and sickle cell trait testing.

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 Cal Poly Pomona Intercollegiate Athletics 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 Cal Poly Pomona, the CSU Board of Trustees, its offers, employees and agents from any and all cost, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my choice not to act in accordance with the sickle cell trait testing recommendations of the NCAA and al Poly Pomona Department of Intercollegiate Athletics.

I have read and signed this document with full knowledge of its significance and with my own free will. I further state that I am at least 18 years of age and competent to sign this waiver, and if not, my parent or legal guardian has signed this document.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Date

I am the parent or legal guardian of the student-athlete. I have read and signed this document with full knowledge of its significance.

\_\_\_\_\_  
Parent/Guardian Signature (If under 18 years of age)

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Print name

\_\_\_\_\_  
Date