Sickle Cell Trait Information & Instructions for Student-Athletes

Effective for the 2012-2013 academic year, all student-athletes participating in NCAA Division II intercollegiate athletics must have sickle cell testing performed, show proof of sickle cell testing, or voluntarily waive being tested. If a student-athlete decides to decline all options, he/she will be disqualified from participation.

1. Obtaining Sickle Cell Trait Testing Results
   a. If you were born in California after February 27, 1990, you were tested for sickle cell trait as a newborn. You can obtain your sickle cell trait test results through the California Department of Public Health by:
      i. Filling out the attached form **NBS-Consent Release Form** and fax it to the number on the form.
      1. Please release your records to:
         a. Cal State East Bay Athletic Training
            25800 Carlos Bee Blvd.
            Hayward, CA 94542
            Phone: 510-885-3055
            Fax: 510-885-2282
      b. Please allow about 4 weeks for this to reach the recipient.
   ii. There are similar programs that exist in other states, so you may still be able to retrieve these results. Please check with your primary physician.
   b. If you do not qualify for the California Newborn Screening program, please consult with your primary physician first. If you do not have a primary physician, we can refer you to a clinic where you can have the test performed. Please contact the Sports Medicine Department for more info.

2. Waiver Option
   a. You have the option to sign the attached waiver instead of being tested or providing prior results. However, you are highly encouraged to either be tested or have test results on file for your safety.

3. You must have your sickle cell trait test results or signed waiver before or during your physical. These results must be on file with the Cal State East Bay Athletic Training department prior to any activity (turning results in to your coach does count).
   a. Results can be faxed to 510-885-2282 with attention to the Athletic Training Department or
   b. Mailed to: The Athletic Training Department
      Cal State East Bay Athletics
      25800 Carlos Bee Blvd.
      Hayward, CA 94542
WHAT IS 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. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.” Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.

During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.

Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.

Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.

Most U.S. states test at birth, but most athletes with sickle cell trait don’t know they have it.

The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.

Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

HOW CAN I PREVENT A COLLAPSE?

➤ Know your sickle cell trait status.
➤ Engage in a slow and gradual preseason conditioning regimen.
➤ Build up your intensity slowly while training.
➤ Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
➤ Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
➤ If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
➤ Stay well hydrated at all times, especially in hot and humid conditions.
➤ Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.

Maintain proper asthma management.

Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.

Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.

Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety
NCAA REQUIREMENT REGARDING SICKLE CELL TRAIT TESTING

BACKGROUND: Starting August 1, 2012, the NCAA requires 1) testing for the sickle cell trait, 2) submitting prior test results to California State University, East Bay (CSUEB) or 3) you decline the test and sign a waiver releasing CSUEB from liability. You will not be allowed to participate in athletic activities until you comply with this requirement.

ABOUT SICKLE CELL TRAIT: Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During exercise, red blood cells containing sickle cell hemoglobin can change shape form round to quarter-moon, or “sickle.” Sickle red blood cells may accumulate in the bloodstream during exercise, blocking normal blood flow to the tissue and muscles. Athletes with sickle cell trait have experienced injury, including death. More information about sickle cell trait may be found at www.NCAA.org.

DETECTION: Sickle cell trait is detectable through a blood test. Although sickle cell trait is most common among people of African, South or Central American, Indian, Saudi Arabian, Caribbean, and Mediterranean ancestries, people of all ancestries may test positive for sickle cell trait.

OPTION 1—DOCUMENTATION OF PRIOR TESTING: Complete this section if you have documented results of a prior test for sickle cell trait. Attach documentation to this form.
I am providing the documented results of a prior test to CSUEB.

OPTION 2—AGREEMENT TO TAKE TEST: Select this option if you agree to be tested for sickle cell trait.
I agree to be tested for sickle cell trait and will do so prior to the first day of practice or tryout. Testing can be conducted at the CSUEB Health Center Laboratory (free for current CSUEB student athletes) and/or other designated laboratory (for a fee). I consent to the release of the test result to CSUEB Student Health and Counseling Services, CSUEB Team Physician and Athletic Training Staff.

OPTION 3—WAIVER AND RELEASE: Select this option if you do not agree to provide documentation of a prior sickle cell trait test result or submit to a sickle cell trait test. PLEASE NOTE THAT SELECTING THIS OPTION RESULTS IN YOUR WAIVER OF ANY CLAIMS YOU MAY HAVE AGAINST CSUEB AND YOUR RELEASE OF CSUEB FROM ALL POTENTIAL LIABILITY RELATED TO SICKLE CELL TRAIT.
I decline to provide CSUEB the results of a prior sickle cell trait test or to be tested for sickle cell trait. In doing so, I understand that I waive any claims I may have against CSUEB and release CSUEB from all potential liability related to sickle cell trait.

I have reviewed information about sickle cell trait and understand that it is detected through a blood test. I understand that I could have sickle cell trait and that, if I do, I am at an increased risk for injury, including death, especially during exercise. I understand, and knowingly assume, the risks involved in opting not to provide documentation of a prior sickle cell trait test result and the risks involved in opting not to be tested for sickle cell trait. Despite these risks, I decline to provide documentation of a prior sickle cell trait test result and I decline to be tested for sickle cell trait.

I agree that in consideration for the opportunity to participate in athletics at CSUEB without providing documentation of a prior sickle cell trait test result and without submitting to a sickle cell trait test, I voluntarily agree to release, discharge, indemnify, and hold harmless CSUEB, its trustees, officers, employees, and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action due to any loss or injury that may result from my decision not to provide documentation of a prior sickle cell trait test result and my decision not to submit to testing for sickle cell trait.

I have read and signed this document with full knowledge of its significance. I am at least 18 years old and competent to sign this waiver.

Printed Name: __________________________ Date of Birth: ________________
Signature: ________________________________ Sport: __________________
Date: __________________________

SIGNATURE OF PARENT/GUARDIAN IF STUDENT-ATHLETE IS UNDER AGE 18
Parent/Legal Guardian Name: __________________________
Parent/Legal Guardian Signature: ______________________________
Date: __________________________
NCAA Student Athlete Request for Newborn Screening Hemoglobin Results

Please Note
It can take up to 30 days to process your request. If you need your results in less time, we recommend having a sickle cell test run by your physician.

Results are only available for California births after 2/26/1990.

- Enter data in form, print it, sign it and mail, fax, or scan it back to us (see contact information below). Email to: NCAANBSResults@cdph.ca.gov

- Parents cannot request results for offspring 18 years or older.
- For more information go to the Newborn Screening Website and select NCAA Athletes.
- Required questions are underlined - enter N/A if you do not have the answer.

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<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
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<th>Were You Part of a Multiple Birth?</th>
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<th>NO</th>
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<td>(In other words were you a twin, triplet or more?)</td>
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<th>If yes, where were you in the birth order?</th>
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<td>(Usually A, B, C or 1, 2, 3, etc.)</td>
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<th>Hospital of Birth</th>
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<th>Birth Mother's Information</th>
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<td>First Name</td>
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Release Results To
Provide an email address where additional encrypted results are to be sent. If providing more than one address, separate addresses using a semicolon (;).

This authorization will expire on (enter date):

Signature
The undersigned hereby authorizes the release of newborn screening hemoglobin test results from the records of the California genetic disease screening program. Must be signed by student if 18 or older.

Parent or legal guardian should sign only if student is under the age of 18.

Signature (student if over 18, parent/guardian if student not over 18) | Printed Name | Date (mm/dd/yyyy) |
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Best email address for us to send you your results | Best phone number to reach you at |
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You have the right to retain a copy of this consent. You have the right to revoke this consent at any time by writing to: Chief, Genetic Disease Screening Program at 850 Marina Bay Parkway, F175, Richmond, CA 94804. The Genetic Disease Screening Program is not responsible for further disclosures of the information by other parties that may result from complying with this consent.

I understand that any person who requests or obtains any record containing personal information from the California Department of Public Health under false pretenses will be guilty of a misdemeanor and fined up to $5,000 or imprisoned up to one year or both.

Privacy Notification
The Genetic Disease Screening Program (GDSP) is defined as a health care provider under HIPAA and is a covered entity. GDSP is therefore required to distribute a Notice of Privacy Practice (NPP). The collection and exchange of personal health information between covered providers for the purpose of treatment, payment, or health care operations with GDSP and our agents in connection with the newborn and prenatal screening programs is permitted by HIPAA and required by state law without special authorization or Business Associates Agreements.