



**Department of Athletics
Sports Medicine**

I, _____ affirm that I have been informed by University of
Student-Athlete Print Name

Maryland Sports Medicine personnel on _____ that I have tested positive for
Date
the following condition:

1. Sickle Cell Trait Positive

Initial _____

About Sickle Cell Trait-

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- 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.
- Likely sickling settings include timed runs, all out exertion of any type for 2 – 3 continuous minutes without a rest period, intense drills and other spurts of exercise after prolonged conditioning exercises, and other extreme conditioning sessions.
- Common signs and symptoms of a sickle cell emergency include, but are not limited to: increased pain and weakness in the working muscles (especially the legs, buttocks, and/or low back); cramping type pain of muscles; soft, flaccid muscle tone; and/or immediate symptoms with no early warning signs.

I, the undersigned, do hereby affirm that I have been informed that I am sickle cell trait positive. I further attest that the physical findings and recommendations have been discussed with me by a member of the University of Maryland Sports Medicine Department; and that I fully understand the recommendations and have had any and all questions answered to my satisfaction. I have been told to notify my private physician as soon as possible that I am sickle cell trait positive, and I agree to do so. I also have been advised to share this information with my parent or guardian. I further attest that I will notify a member of the University of Maryland Sports Medicine Department immediately should I begin to feel weakness, cramping sensations, difficulty breathing and/or catching my breath, and/or any other signs or symptoms of distress during or after exercise without fear of repercussion.

Student-Athlete Signature (If under 18, include parent/guardian signature)

Date

Examining Physician Signature

Date

Examining Physician Print Name

Athletic Trainer Signature

Date

Athletic Trainer Print Name