



**UNIVERSITY OF NOTRE DAME SPORTS MEDICINE STUDENT-ATHLETE
SICKLE CELL TRAIT EDUCATION AND TESTING ACKNOWLEDGEMENT FORM**

You are hereby advised to read the following language carefully and thoroughly, as it relates to your physical well-being.

- I have received and read the NCAA Fact Sheet for Student Athletes on Sickle Cell Trait.
- I understand that the NCAA requires the University of Notre Dame ("University") to confirm the sickle cell trait ("SCT") status for each of its student-athletes, unless documented results of a prior SCT test are provided to the University for a student-athlete or the student-athlete declines an SCT test by signing a written release.
- I understand that I can and should contact University sports medicine staff (*i.e.*, a team physician or athletic trainer) if I have further questions about SCT or testing for SCT.
- I understand that the University offers testing for SCT using a hemoglobin electrophoresis test at no cost to student-athletes.
- I understand that the University sports medicine staff recommends that all student-athletes be tested for SCT as part of their pre-participation physical exam.
- I understand that, if I do not wish to be tested by the University for SCT for any reason, I should discuss this request with University sports medicine staff prior to my pre-participation physical exam, in which case a team physician will discuss with me my concerns prior to my making a final decision about not being tested for SCT.
- **I understand that, if I do not request with University sports medicine staff that I be exempted from SCT testing prior to my pre-participation physical exam, I will be tested by the University for SCT along with other routine labs.**

By signing below, I acknowledge and agree that: (i) I have read each of the bulleted items above; (ii) I understand each of the bulleted items, including my responsibility to notify University sports medicine staff if I wish to be exempted from SCT testing; (iii) it is solely my decision whether to be tested for SCT; and (iv) I knowingly and voluntarily accept fully all associated risks of SCT if I decide not to be tested for SCT.

Signature of Student-Athlete

Date

Printed Name of Student-Athlete

Sport

If Student-Athlete is under the age of 18:

Signature of Parent or Guardian

Date