

ASU Club Sports Rowing, Cycling, Quidditch, Roller-Hockey, and Triathlon One-Time Sickle Cell Trait

Testing:

1. First read and sign the following forms:
 - a. Club Student Athlete Information Release
 - b. Sickle Cell Trait Testing Consent / Refusal and Release
2. Turn in the above forms when you get your sickle cell test drawn at ASU Health Services. For tests completed off campus please bring the completed forms and test result to the ASUHS Sports Medicine Office in the Sun Devil Fitness Center Room 130.
3. After your sickle cell test is complete please send a message through the patient portal by following the directions below:



1. First make sure you are registered on Do Sports Easy <https://www.dosportseasy.com/sundevilsports/>.
2. Then log in to your Patient portal <https://eoss.asu.edu/health/portal>.
3. Select "Compose" to start a new email.
4. From the "Category" drop down select "Club Sports."
5. From the "Club Sports" category select "Club Sports."
6. In the subject line please type "Sickle Cell Testing Only."
7. In the body of the email, type the club you are joining.
8. Add any additional questions in the body of the email.
9. Click send.

Please allow 2 business days for us to update your status on Do Sports Easy. If your status does not get updated please resend your email or call 480 965 8908.



NAME: _____

ASU ID: _____



Club Student Athlete Information Release

Sport _____

I, {Athlete Name} _____, give my permission to the following Designated ASU Offices to exchange confidential, personal, mental health and medical information concerning me, *when necessary to coordinate my medical and mental health care*: Campus Health Services, Physiotherapy Physical Therapy, Athletic Training Staff, Coaching Staff, Student Recreation Complex, Counseling and Consultation, Disability Resources and other confidential counseling services provided by or on behalf of ASU. I also give permission for the Designated ASU Offices to receive confidential information from and provide confidential information to any outside health professional directly involved in my care.

I give my permission for the limited release of medical, mental health and related information, including appointment dates and attendance records from designated ASU offices to the following individuals: Coaching Staff, Student Recreation Complex Staff, Sport Club Officers, Athletic Training Staff, Physical Therapists, Team Physician(s). This communication may be done by telephone, e-mail, or text messaging. This limited release allows the release of confidential information only to the extent necessary to determine payment for medical and related services rendered on my behalf, determine compliance with University rules regarding eligibility and medical treatment of the student athlete and to confirm appointment attendance.

I may revoke this release in any time by notifying any one of the designated ASU offices or Team Physician in writing. Revocation will not affect any release made prior to the revocation. This release will expire automatically on August 15th following the end of the Academic Year.

Signature _____ Date _____

If athlete is younger than 18 years of age, parent or legal guardian must sign:

Signature _____ Date _____

Print Name _____



NAME: _____

ASU ID: _____



ARIZONA STATE UNIVERSITY SPORTS MEDICINE Sickle Cell Trait Testing Consent / Refusal and Release

Sickle Cell Trait is a genetically inherited condition that affects red blood cells during intense exercise. NCAA student-athletes with sickle cell trait have experienced significant physical distress during extreme conditioning and some have even died.

Those student-athletes who have Sickle Cell Trait and who participate in football, basketball, track and field, wrestling, lacrosse, rugby, rowing, cycling/triathlon, ultimate frisbee, quidditch, roller-hockey and/or soccer are at higher risk of complications during training. Therefore, athletes in those sports are required to present lab test results prior to participation clearance. Certain student-athletes are at higher risk of having this condition, specifically students who are of African-American and Hispanic descent.

The Arizona State University (ASU) Health Services and/or Sun Devil Athletics (SDA) has provided me with educational materials regarding Sickle Cell Trait (http://fs.ncaa.org/Docs/health_safety/SickleCellTraitforSA.pdf) and the risks associated with that diagnosis. I understand that the NCAA and ASU require that **ALL** incoming Division I student-athletes be tested for Sickle Cell Trait, provide documented results of a prior test to ASU or decline the test and sign a waiver releasing ASU from liability. **I also understand that ASU requires all participants in high risk sports and walk-on sports to undergo testing prior to participation.**

I acknowledge and understand that if I test positive for Sickle Cell Trait, I will **NOT** be restricted from playing my sport. However, for my health and safety, certain precautions will be taken with respect to my training and I will be removed from training if I develop symptoms associated with Sickle Cell Trait. I acknowledge that I have had a full opportunity to ask any questions I have about the diagnosis of Sickle Cell Trait and the ASU Sickle Cell Trait testing program and to discuss the risks associated with participation in intercollegiate athletics at ASU if I have Sickle Cell Trait. Any questions or concerns I had, if any, have been addressed to my satisfaction. I understand the risks involved if I choose NOT to be tested for Sickle Cell Trait, and I knowingly assume such risks.

(Please initial **one line** below)

_____ I have received this information and I AGREE to be tested for Sickle Cell Trait.

_____ I HAVE SHOWN ASU the results of a prior Sickle Cell Trait test.

_____ I have received this information, **do not participate in a high risk sport**, and I DECLINE a blood test for Sickle Cell Trait. I understand that by refusing to undergo screening for Sickle Cell Trait, I assume all risks associated with such refusal and, in consideration for being granted the opportunity to participate in intercollegiate athletics at ASU without agreeing to be tested for Sickle Cell Trait, I (for myself, my executors, administrators and assigns) hereby release and forever discharge Arizona State University, the Arizona Board of Regents and the State of Arizona and their regents, officers, employees, agents, representatives, coaches, physicians, instructors and volunteers from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature directly or indirectly related to any personal injury, including death, bodily injury, mental anguish or emotional distress that I may suffer related in any way to my participation in intercollegiate athletics, whether caused by my negligence or carelessness or the negligence of ASU or otherwise. These risks have been discussed with me and I have made this decision on a fully informed basis. I understand that this release means that, among other things, I am giving up my right to sue Arizona State University for any such losses, damages, injury or costs that I may incur.

I represent and certify that I am at least 18 years old and that I have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be legally bound by this document.

Print Name: _____ Signature: _____ Date: _____

If under 18, parent or legal guardian must print and sign below and indicate date signed.

Print Name: _____ Signature: _____ Date: _____

Witness: Print Name: _____ Signature: _____ Date: _____

