



Bridgewater State University

Fax: (508)531-1447

Sickle Cell Trait Verification Form

The NCAA has required that its member institutions verify Sickle Cell Trait status on all student-athletes. All student athletes at Bridgewater State University are required to provide documentation regarding the presence or absence of sickle cell trait.

The student athlete will be unable to participate until sickle cell trait status is verified and the physical is completed and all other medical forms are submitted to the athletic training-sports medicine department.

To be completed by a healthcare provider (MD, NP, DO, PA):

Athletes Name: _____ Date of Birth: _____

VERIFICATION OF SICKLE CELL TRAIT STATUS:

Sickle Cell Trait: Positive OR Negative

Date of Sickle Cell Trait Testing: _____

Examiner Name: _____ (MD, NP, DO, PA)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number for Consultations: _____

Examiner Signature: _____ Date: _____

VERIFICATION OF A PENDING SICKLE CELL TRAIT TEST:

PLEASE COMPLETE AND SUBMIT IF A SICKLE CELL TEST HAS BEEN RECENTLY COMPLETED AND IS PENDING RESULTS. THE STUDENT ATHLETE MAY PARTICIPATE WITH A PENDING TEST BUT RESULTS MUST BE SUBMITTED AS SOON AS THEY ARE KNOWN OR MEDICAL CLEARANCE WILL BE REVOKED.

Date of Sickle Cell Trait Testing: _____ Date results expected: _____

Examiner Name: _____ (MD, NP, DO, PA)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number for Consultations: _____

Examiner Signature: _____ Date: _____

PLEASE GIVE TO STUDENT ATHLETE OR FAX TO 508-531-1447