UNIVERSITY OF CHARLESTON

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Dear Healthcare Provider:

The purpose of this informative letter is to identify why the University of Charleston needs to verify sickle status of an incoming or current University of Charleston student-athlete. The NCAA requires that all NCAA Division II student-athletes have knowledge of their sickle cell trait status, show proof of a prior test, or sign a waiver before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, and etc. Since the University of Charleston wants to provide a safe and healthy experience for its student-athletes, it has a policy that all student-athletes must provide documentation of their sickle cell trait status in order to be eligible to participate in athletics. This information can be obtained from their birth records, other medical records, or by performing a simple Sickle Cell blood screen

The student-athlete is responsible for notifying an athletic trainer and documenting on the pre-participation physical examination form his/her sickle cell status and have a physician complete Sickle Cell Verification Form. Expenses associated with determining sickle cell trait status are the responsibility of the student-athlete. Please reference the next page for additional sickle cell information.

Should you have any questions please contact Michael Nyquist at 304-357-4395 or Dr. Tom Bowden at 304-720-2345.

Thank you for your cooperation,

Michael Nyquist, MA, ATC
Head Athletic Trainer
University of Charleston
304-357-4395

Dr. Tom Bowden, DO
Medical Director & Team Physician
Charleston Internal Medicine
304-720-2345

Additional Sickle Cell Information

Although sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.

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 blood stream and clog blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

Screening newborns for sickle cell disease and related hemoglobinopathies has been part of state-mandated newborn screening programs in the US for several decades, and since 2007 it has been universal. Individuals born after 1984 were tested for sickle cell trait as a newborn; documentation of sickle cell trait status should be available from the student-athlete's family pediatrician.