

University of Charleston
Department of Athletic Training

Sickle Cell Trait Verification Form

Please complete the information below and then see your personal physician to verify your sickle cell trait status. Upon completion by the physician, please submit this form to the Head Athletic Trainer at the University of Charleston. This form must be completed prior to participating in intercollegiate athletics at the University of Charleston.

NAME _____ AGE _____ SEX: Male Female
SOCIAL SECURITY NUMBER _____ BIRTHDATE _____
SPORT _____ 2ND SPORT _____

*****TO BE COMPLETED BY THE PHYSICIAN*****

I verify that the above individual has been tested for Sickle Cell Trait. The result of this test was:

_____ Negative
_____ Positive

If positive, has this individual been educated on the risks associated with sickle cell trait:

_____ YES _____ NO

Physician's Signature: _____

Date: _____

Physician's Name Printed: _____

Phone Number: _____

Fax: _____

Address: _____

Upon completion mail or fax this form to: Michael Nyquist, MA, ATC
Head Athletic Trainer
University of Charleston
Department of Athletic Training
2300 MacCorkle Ave, SE
Charleston, WV 25304
304-357-4395 (work)
888-370-2672 (fax)