



Return this form to:
Middlebury College Sports Medicine
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**MIDDLEBURY COLLEGE
SICKLE CELL TRAIT STATUS VERIFICATION FORM**

The NCAA requires all NCAA Division I, II, and III student-athletes to confirm their sickle cell trait (SCT) status before participating in intercollegiate athletics, including practice or competition. Athletes must provide documentation of a prior test (such as newborn screening) or undergo a sickle cell solubility test (SST).

ATHLETE INFORMATION:

NAME: _____ DOB: _____

SPORT(S): _____ ID: _____

Following to be completed by Health Care Provider:

Date of Sickle Cell Trait Testing: ____/____/____

Results of Sickle Cell Trait Testing: Negative: _____ Positive: _____

Are there any restrictions to participation: No Restrictions: _____

Restrictions (Please list): _____

I VERIFY THAT THE ABOVE-NAMED INDIVIDUAL HAS BEEN TESTED FOR THE SICKLE CELL TRAIT:

Healthcare Provider Name (Print): _____

Signature of Health Care Provider: _____

Address: _____

License #: _____ Date of Exam: ____/____/____

Phone: _____ Fax: _____