

Sickle Cell Test and ImPACT (concussion) Baseline Test for Club Sports

Administrative clearance for club sports is managed by Sun Devil Fitness through the DSE web application. Information on Health Testing requirements and the clearance process can be found on the Sun Devil Fitness Website > Join a Sun Devil Club Sport: <https://fitness.asu.edu/programs/sportclubs/join>

The following Club Sports require a one-time **Sickle Cell Test**:

Cycling, Dragonboat, Lacrosse, Quidditch, Roller Hockey, Rowing, Rugby, Soccer, Triathlon, Ultimate Frisbee

This test can be completed on-campus OR off-campus.

- Test results will need to be uploaded to DSE.
- For tests completed **on-campus**, the result can be obtained from the student's Patient Portal.

The following Club Sports require a one-time **ImPACT Baseline Test**:

Ice Hockey, Lacrosse, Rugby, Soccer, Ultimate Frisbee, Stunting

ImPACT testing must be completed on-campus at ASU Health Services.

- Once the test is complete, **two** confirmations will be printed.
- One copy is the student copy which can be uploaded to DSE.
- A copy will also be added to the student's chart and available on the student's Patient Portal.

Patient Portal Access

1. Log on to **MyASU**
2. Select Campus Services tab
3. Under Health & Wellness Resources , select **MyHealth**. You are able to:
 - Email your Provider
 - Request prescription refill
 - Schedule appointments
 - Billing questions
 - Submit immunization records
 - **Access your Medical Records (For Sickle Cell results)**
 - I. **Select Medical Records**
 - II. **Select Labs**
 - III. **Select Sickle Cell results**
 - IV. **Use SAVE AS by right clicking. Save to device for uploading to the DSE.**

DSE Access:

See the Sun Devil Fitness Website > Join a Sun Devil Club Sport:

<https://fitness.asu.edu/programs/sportclubs/join>



HEALTH SERVICES 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: _____

I, _____, acknowledge that I have to be an active participant in my own healthcare and have the direct responsibility for reporting all of my injuries and illnesses to the sports medicine staff of my institution (e.g., team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing to the ASU Sports Medicine staff an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the NCAA Concussion fact sheet (http://fs.ncaa.org/Docs/health_safety/ConFactSheetsa.pdf) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the Sports Medicine staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have been cleared to do so by a team physician.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the NCAA the following sports have been identified as high risk for concussion; baseball, basketball, diving, equestrian, field hockey, football, gymnastics, ice hockey, lacrosse, pole vaulting, rugby, soccer, softball, water polo, and wrestling.

Baseline neuro-cognitive testing using the ImpACT computer program must be done at ASU prior to **club sports** clearance for: **hockey, lacrosse, rugby, soccer, and, ultimate frisbee, stunting.**

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.

Athlete Print Name: _____ Signature: _____ Date: _____

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

Print Name: _____ Signature: _____ Date: _____