



**Messiah College Athletic Training:  
Sickle Cell Trait Status Verification Form**

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Name: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Anticipated Year of Graduation: \_\_\_\_\_

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To be completed by physician:

Please list the date of the Sickle Cell Trait testing: \_\_\_\_\_

Please list the results of the 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.**

Physician's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Physician's Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed forms to the Messiah College Athletic Training Staff  
1 College Ave, Suite 4501, Mechanicsburg, PA 17055  
Fax 717-796-5229