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The annual National Vacenas Goldan Age Games (NVGAG) provides Veterans opportunities to engage in rehabilitative sensition and or games which may be stremous and or dangerons depending on his/her condition. Additionally, should the Veteran arequire personal ADL assistance, please indextand this will not be provided by the host VA Medical Center and would be a reason from or attending unless heshes is accompanied by a caregover. DATE PIMARY VA MEDICAL CENTER NAME WHAT IS YOUR VAS TATUS OUTPATIENT OF BIRTH AGE (Last, First, MI) EMERGENCY CONTACT PHONE NUMBER (Last, First, MI) EMERGENCY CONTACT PHONE NUMBER (Last, First, MI) EMERGENCY CONTACT NAME (Last, First, MI) EMERGENCY CONTACT PHONE NUMBER (Include Area Code) PLEASE CHECK ANY KNOWN MEDICAL CONDITIONS BELOW PROBLEM UST (Acrive Problems) OPHICAL CONDITIONS PROVIDE REASON AND ATTACH DISCHARGE SUMMARY UST A Criter MEDICATIONS OPHICAL CONDITIONS OPHICAL CONDITIONS OPHICAL CONDITIONS OPHICAL CONDITIONS OPHICAL CONDITIONS OPHICAL COND VISION OPHICAL COND ALLERGIES (If Yes, please list) OPHICAL COND VISION OPHICAL CONDINISION O	RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this								
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EKG - VETERAN MUST HAVE AN EKG WITHIN THE PA	DATE OF EKG									
YES (Attach copy of EKG)										
PROVIDER'S NAME (Please print)			DATE	PROVIDER'S CITY, STATE						
	MD [PA NP								
PROVIDER'S SIGNATURE	•	PROVIDER T	ELEPHONE NUMBER	PROVIDER EMAIL ADDRESS						
This medical form does NOT serve as registration to participate in the NVGAG. All athletes MUST complete registration online. This medical form must be submitted by the deadline listed on the NVGAG Website.										
NO ONE WILL BE ALLOWED TO COMPETE WITHOUT THE COMPLETED MEDICAL FORM ON FILE.										