ATHLETE NUMBER-OFFICE USE ONLY

OMB Number: 2900-0759
Expiration Date: July. 1, 2023
Respondent Burden: 20 minutes

ATHLETES MEDICAL INFORMATION

A PHYSICIAN, NURSE PRACTIONER OR PHYSICIAN ASSISTANT MUST FILL OUT AND SIGN THIS FORM

PRIVACY ACT: VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

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 application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

Dear Provider,
The annual National Veterans Golden Age Games (NVGAG) provides Veterans opportunities to engage in rehabilitative sport and recreational opportunities. www.veteransgoldengames.va.gov. The Veteran patient plans to participate in various athletic events and/or games which may be strenuous and/or dangerous depending on his/her condition. Additionally, should the Veteran require personal ADL assistance, please understand this will not be provided by the host VA Medical Center and would be a reason for not attending unless he/she is accompanied by a caregiver.

DATE	PRIMARY VA MEDICAL CENTER NAME	WHAT IS YOUR VA STATUS ☐ INPATIENT ☐ OUTPATIENT

NAME *(Last, First, MI)*			ADDRESS *(Street, City, State, Zip Code)*
SOCIAL SECURITY NO. *(Last 4 digits only)*	DATE OF BIRTH	AGE	
DAYTIME TELEPHONE NUMBER *(Include Area Code)*	CELL PHONE NUMBER *(Include Area Code)*		E-MAIL ADDRESS
EMERGENCY CONTACT NAME *(Last, First, MI)*			EMERGENCY CONTACT PHONE NUMBER *(Include Area Code)*

PLEASE CHECK ANY KNOWN MEDICAL CONDITIONS BELOW

PROBLEM LIST *(Active Problems)*

☐ CARDIOLOGY ______
☐ PULMONOLOGY ______
☐ GI/GU ______
☐ ENDOCRINE ______
☐ MSK/ORTHO/RHEUMATOLOGY ______
☐ NEUROLOGY *(Including falls risk and autonomic dysreflexia)* ______
☐ OPHTHALMOLOGY ______
☐ DERMATOLOGY ______

HAS THE VETERAN BEEN HOSPITALIZED IN THE PAST YEAR?

☐ NO ☐ YES, PROVIDE REASON AND ATTACH DISCHARGE SUMMARY

LIST ALL ACTIVE MEDICATIONS

DOES THE VETERAN HAVE DRUG, ENVIRONMENTAL OR FOOD ALLERGIES *(If Yes, please list)*

☐ YES ☐ NO

PARTICIPATION DIVISION

☐ AMBULATORY ☐ VISUALLY IMPAIRED

☐ WHEELCHAIR *(Reason/condition for wheelchair use)* ______

DOES THE VETERAN MEET THE CRITERIA FOR LEGAL BLINDNESS BY EITHER HAVING VISUAL ACUITY OF 20/200 IN THE BETTER SEEING EYE WITH BEST CORRECTION, OR VISUAL FIELD LOSS OF 20 DEGREES OR MORE?

☐ YES ☐ NO

THE VETERAN HAS BEEN ADVISED TO BRING ENOUGH MEDICATIONS TO LAST DURING TRAVEL AND THE WEEK OF THE GAMES, ALONG WITH ANY DURABLE MEDICAL EQUIPMENT (DME).

☐ YES ☐ NO

AS A PRIMARY CARE PROVIDER, I AM CLEARING THIS VETERAN TO PARTICIPATE IN THE BELOW CHECKED ACTIVITY LEVELS ***(Check all that apply):***

☐ HIGH RISK *(i.e., basketball, cycling, pickle ball, power walking, swimming, track & field)*
☐ MODERATE RISK *(i.e., badminton, bowling, disc golf, golf, table tennis)*
☐ LOW RISK *(i.e., air pistol, air rifle, basketball free-throw, boccia, cornhole, horseshoes, nine ball, shuffleboard)*

EKG - VETERAN MUST HAVE AN EKG WITHIN THE PAST YEAR TO PARTICIPATE ☐ YES *(Attach copy of EKG)*			DATE OF EKG
PROVIDER'S NAME *(Please print)*	☐ MD ☐ PA ☐ NP	DATE	PROVIDER'S CITY, STATE
PROVIDER'S SIGNATURE	PROVIDER TELEPHONE 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.