2015 NVGAG MEDICAL CLEARANCE INSTRUCTIONS FOR ATHLETES

You must receive medical clearance by your VA Primary Care Provider

Reminder: We will not provide routine medical care, replacement medications, replacement equipment or replacement supplies for pre-existing conditions. Athletes must bring enough medication and medical supplies to last through the entire event. Any medication or medical supplies provided on site will be charged back to the Athlete's medical facility. Narcotic prescriptions will not be filled. Note: The NVGAG involves significant walking within venues. Therefore, athletes should bring their own equipment (i.e. - walker, cane, wheelchair), if needed, as these will not be provided by the Games.

The VA Nebraska-Western Iowa Health Care System has inpatient services. Should an Athlete have a problem that needs attention or treatment in an Emergency Room or local hospital, please inform a coach or local organizing committee staff member who will notify the local VA medical staff.

Athletes using oxygen must have their sponsoring VA Medical Center coordinate oxygen services, including supplies, with a local oxygen provider in Omaha.

Limited medical assistance will be provided 24 hours a day at the host site hotel. There will also be a medical suite available during event hours at the CenturyLink Center Omaha Convention Center. First aid and medical stabilization at all NVGAG events and activities will also be provided.

Please have your VA Primary Care Provider complete the enclosed Medical Application (VAF 0926e). Veterans and/or Coaches can mail a copy of completed Medical Applications to:

Anna Morelock
LOC Coordinator
2015 National Veterans Golden Age Games
VA Nebraska-Western Iowa Health Care System
4101 Woolworth Avenue
Omaha, NE 68105

The Medical Application can also be emailed by VA Coaches ONLY, via encryption, to: anna.morelock@va.gov.

This form must be received by the 2015 NVGAG host VA site no later than April 30, 2015 . NO ONE WILL BE ALLOWED TO COMPETE WITHOUT THE COMPLETED MEDICAL FORM ON FILE.

ATHLETE NUMBER-OFFICE USE ONLY

OMB Number: 2900-0759
Expiration Date: Xxx, 20XX
Respondent Burden: 20 minutes

Department of Veterans Affairs

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 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 patient require personal ADL assistance, please understand this will not be provided by the VA Nebraska-Western Iowa Health Care System and would be a reason for not attending unless he/she is accompanied by a caregiver.

DATE	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)*	VETERANS DATE OF BIRTH	AGE	

PLEASE CHECK ANY KNOWN MEDICAL CONDITIONS BELOW

PROBLEM LIST *(Active Problems)*

☐ ASTHMA	☐ CHEST PAINS	☐ INDIGESTION	☐ LUNG DISEASE
☐ BLADDER/BOWEL PROBLEMS	☐ DIABETES	☐ JOINT PAIN	☐ OSTEOPOROSIS
☐ CHEST DISCOMFORT WHEN EXERCISING	☐ HERNIA	☐ LOW BACK PAIN	☐ SHORTNESS OF BREATH

LIST ALL ACTIVE MEDICATIONS

DOES THE VETERAN HAVE DRUG ALLERGIES *(If Yes, please list)*
☐ YES ☐ NO

IS THE VETERAN VISUALLY IMPAIRED? *(Legally blind)* ☐ YES ☐ NO

PLEASE ADVISE VETERAN OF THEIR RESPONSIBILITY FOR BRINGING ENOUGH MEDICATION FOR THE TRIP AND THE WEEK.

THE VA NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM WILL NOT PROVIDE NARCOTIC REFILLS FOR ANY REASON.
The cost of any medical expenses and/or medications will be charged back to the Veteran or the Veteran's originating facility.

All Veterans are responsible for providing their own Durable Medical Equipment (DME) during the Games. This will **NOT** be provided by the VA Nebraska-Western Iowa Health Care System.

THE VETERAN IS PHYSICALLY CAPABLE OF PARTICIPATING IN THESE HIGH RISK AEROBIC EVENTS

☐ BADMINTON	☐ CYCLING	☐ SHUFFLEBOARD
☐ BASKETBALL (3-ON-3)	☐ FIELD (DISCUS, JAVELIN,SHOT PUT)	☐ SWIMMING
☐ BLIND DISC GOLF	☐ HORSESHOES	☐ TABLE TENNIS
☐ BOCCIA	☐ NINE BALL	☐ TRACK
☐ BOWLING	☐ RACQUETBALL	

PROVIDER'S NAME *(Please print)*	☐ MD ☐ PA ☐ NP	DATE	PROVIDER'S CITY, STATE

PROVIDER'S SIGNATURE	PROVIDER TELEPHONE NUMBER *(August 8 to August 12, 2015)*	PROVIDER PAGER NUMBER *(August 8 to August 12, 2015)*