

National Veterans Golden Age Games Application Packet- Table of Contents

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January 6, 2014

Dear 2014 National Veterans Golden Age Games Applicant:

On behalf of Veterans Health Care System of the Ozarks and VISN 16, it is my honor and pleasure to invite you to participate in the 2014 National Veterans Golden Age Games (NVGAG) taking place in Fayetteville, Arkansas, June 28 - July 2, 2014, on the campus of the University of Arkansas.

We are looking forward to hosting this spectacular event. While a guest in our city, you can enjoy attractions such as Crystal Bridges Museum of American Art, Pea Ridge National Military Park, Terra Studios, Arkansas Air and Military Museum, Arvest Ballpark (Home of The Naturals), and Beaver Lake. This event is made possible by our 2014 NVGAG sponsors, the Department of Veterans Affairs, and Veterans Canteen Service, whose generosity allows us to provide this adaptive sports program to Veterans 55 years of age and older.

Enclosed please find the 2014 NVGAG registration packet. You may wish to have your local VA coach assist you in completing the application to ensure your application includes all necessary information for you to compete.

Whether this is your first National Veterans Golden Age Games or you are an annual competitor, we look forward to welcoming you and all of our "*Athletes in the Ozarks*" to the 2014 National Veterans Golden Age Games.

Sincerely,

ARK A. ENDERLE, M.D.
Medical Center Director

ATHLETE MASTER SCHEDULE- 2014 National Veterans Golden Age Games - Fayetteville, AR

Saturday, June 28, 2014

All Day	Arrivals	Northwest Arkansas Regional Airport (XNA)
8 a.m. – 5 p.m.	Room Check-in	Univ of AR Campus (Maples Dorm)
Noon – 8 p.m.	Registration/Expo	Univ of AR Campus (Student Union Ballroom)
4 p.m. – 6 p.m.	Dinner	Univ of AR Campus (Fullbright Dining Hall)
6 p.m. – 7 p.m.	Coaches Meeting	Univ of AR Campus (Student Union Theater)

Sunday, June 29, 2014

6 a.m. – 8 a.m.	Breakfast	Univ of AR Campus (Fullbright Dining Hall)
8 a.m. – 10 a.m.	Late Registration	Univ of AR Campus (Maples Dorm)
10 a.m. – Noon	Opening Ceremonies	Univ of AR Campus (Indoor Track)
11 a.m. – 1 p.m.	Lunch	Univ of AR Campus (Fullbright Dining Hall)
1 p.m. – 8 p.m.	Checkers	Univ of AR Campus (Hyper 220)
1 p.m. – 8 p.m.	Dominoes	Univ of AR Campus (Hyper 216)
1 p.m. – 8 p.m.	Table Tennis	Univ of AR Campus (Hyper Gym 1)
2 p.m. – 4 p.m.	Tailgating Party	Univ of AR Campus (Maples Dorm Grounds)
4 p.m. – 6 p.m.	Dinner	Univ of AR Campus (Fullbright Dining Hall)
6 p.m. – 7:30 p.m.	Athlete Forum	Univ of AR Campus (Fullbright Dining Hall)

Monday, June 30, 2014

6 a.m. – 8 a.m.	Breakfast	Univ of AR Campus (Fullbright Dining Hall)
8 a.m. – 4 p.m.	Horseshoes	Walker Park
8 a.m. – Noon	Swimming	Univ of AR Campus (Hyper Pool)
9 a.m. – 9 p.m.	Bowling	Fast Lanes Entertainment Center
11 a.m. – 1 p.m.	Lunch	Univ of AR Campus (Fullbright Dining Hall)
1 p.m. – 5 p.m.	Badminton Exhibition	Univ of AR Campus (Hyper Gym 2-3)
3 p.m. – 5 p.m.	Medal Ceremony	Univ of AR Campus (Fullbright Dining Hall)
4 p.m. – 6 p.m.	Dinner	Univ of AR Campus (Fullbright Dining Hall)
5 p.m. – 9 p.m.	Checkers	Univ of AR Campus (Hyper 220)
5 p.m. – 9 p.m.	Dominoes	Univ of AR Campus (Hyper 216)
5 p.m. – 9 p.m.	Nine Ball	Univ of AR Campus (Hyper Gym 1)

Tuesday, July 1, 2014

6 a.m. – 8 a.m.	Breakfast	Univ of AR Campus (Fullbright Dining Hall)
8 a.m. – Noon	Field	Univ of AR Campus (Outdoor Track)
8 a.m. – 5 p.m.	Air Rifle	Univ of AR Campus (ROTC Building)
8 a.m. – 3 p.m.	Golf	Bella Vista Village
8 a.m. – 4 p.m.	Nine Ball	Univ of AR Campus (Hyper Gym 1)
11 a.m. – 1 p.m.	Lunch	Univ of AR Campus (Fullbright Dining Hall)
1 p.m. – 4 p.m.	Track	Univ of AR Campus (Outdoor Track)
1 p.m. – 7 p.m.	Shuffleboard	Fayetteville High School (Commons Area)
3 p.m. – 5 p.m.	Medal Ceremony	Univ of AR Campus (Fullbright Dining Hall)
4 p.m. – 6 p.m.	Dinner	Univ of AR Campus (Fullbright Dining Hall)
6:30 p.m. – 8 p.m.	Coaches' Education Sessions	Univ of AR Campus (Fullbright Dining Hall)
7 p.m. – 9 p.m.	VCS Bingo Night	Fayetteville Town Center

Wednesday July 2, 2014

6 a.m. – 8 a.m.	Breakfast	Univ of AR Campus (Fullbright Dining Hall)
8 a.m. – 2 p.m.	Cycling	Arvest Ballpark
8 a.m. – Noon	Horseshoes	Univ of AR Campus (Maples Dorm Field)
8 a.m. – Noon	Shuffleboard	Fayetteville High School (Commons Area)
8 a.m. - Noon	Fly Casting/Fly Tying	Univ of AR Campus (Maples Dorm Field)
11 a.m. – 1 p.m.	Lunch	Univ of AR Campus (Fullbright Dining Hall)
Noon – 3 p.m.	Medal Ceremony	Univ of AR Campus (Fullbright Dining Hall)
4 p.m. – 6 p.m.	Dinner	Univ of AR Campus (Fullbright Dining Hall)
6 p.m. – 8 p.m.	Closing Ceremonies	Univ of AR Campus (Indoor Track)

Thursday, July 3, 2014

All Day	Departures	Northwest Arkansas Regional Airport (XNA)
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General Information

- WHO MUST REGISTER:** All athletes, coaches/support staff and volunteers must register. Each individual registering must complete a separate registration form.
- ELIGIBILITY:** All Veterans, ages 55 or older, who are currently enrolled in healthcare with the U.S. Department of Veterans Affairs.

REGISTRATION DEADLINE: Completed registration packets must be postmarked on or before:

March 28, 2014

**PLEASE RETURN COMPLETED PACKETS TO:
Carol E. Kick, Chair, 2014 NVGAG (135)
Veterans Health Care System of the Ozarks
1100 N College Avenue
Fayetteville, AR 72703**

If your packet is incomplete, you will be contacted to resubmit missing documents, which will delay your registration. Please enlist the assistance of your coach, if applicable, before mailing your packet.

NO LATE REGISTRATION PACKETS WILL BE ACCEPTED

EVENTS: All athletes must enter at least **two**, but no more than **four** events, excluding exhibition events. Complete the Event Selection Form 0926b in the registration packet. Medal events include: air rifle, bowling, checkers, cycling, dominoes, field, golf, horseshoes, nine ball, shuffleboard, swimming, table tennis, and track.

EVENT RULES: Event rules are available on the website at:
www.veteransgoldenagegames.va.gov

CLASSIFICATION: All age classifications will be determined by the athlete's age as of **January 1, 2014**.

There are seven age classifications:

55-59 60-64 65-69 70-74 75-79 80-84 85+

Athletes will compete by gender in the following events: **bowling, cycling, field events, horseshoes, swimming and track.**

General Information (Continued)

- CLASSIFICATION:** Wheelchair athletes will compete in a separate division in the following events: **bowling, horseshoes, nine ball, shuffleboard and table tennis.**
- Visually impaired athletes will compete in a separate division in the following events: **bowling, horseshoes and shuffleboard.**
- AIR TRAVEL:** Athletes should plan to arrive to and depart from the Northwest Arkansas Regional Airport (XNA), approximately 35 minutes from the University of Arkansas campus. Check with your local air terminal for the latest update on Transportation Security Administration (TSA) requirements regarding carry-on items. Athletes traveling by air with oxygen will need to make arrangements with the airlines regarding the transport of oxygen, as this is the athlete's responsibility.
- WHEELCHAIR TRAVEL:** If you will be traveling with a wheelchair or scooter, we recommend you call the airline in advance and inform them of your travel needs. Let them know if you will need an aisle chair, arm rest removed, and/or require a harness or belt strap. Please also provide written equipment handling instructions.
- TRANSPORTATION:** The Games will provide transportation for airport arrivals on Saturday, June 28, 2014, and airport departures on Thursday, July 3, 2014, between the airport and University of Arkansas campus dorms. Transportation for all National Veterans Golden Age Games sponsored events and medical needs will also be provided. All other transportation needs are the individual's responsibility.
- LODGING:** The 2014 National Veterans Golden Age Games will be held in Fayetteville, Arkansas. After receipt and review of your completed registration packet you will receive a confirmation packet with further instructions for making lodging reservations, including lodging rates. **You will not be able to make lodging reservations prior to the receipt of your confirmation packet.**
- MEALS:** Meal cards beginning with dinner on Saturday, June 28, 2014, through dinner on Wednesday, July 2, 2014, will be furnished at no cost to all 2014 NVGAG athletes. Meal cards will be available for purchase, on-site during registration, for coaches/support staff and family members.
- MEDICAL:** Medical assistance will be provided 24 hours a day as part of the 2014 National Veterans Golden Age Games. Emergency medical treatment will be available at University of Arkansas host dorms and Hyper Gym. Roaming medical personnel will be available at all venues to provide first aid and stabilization. An ambulance will be called if emergency care is needed. Medical assistance is not intended for pre-existing conditions. Athletes must bring with them enough

medication and medical supplies to last throughout the Games. Please pack these items in your carry-on bags if traveling by air.

WEATHER:

The average temperature for the months of June and July in Fayetteville is usually 65-89°F with occasional showers. Please bring appropriate clothing for all types of weather. Items to consider bringing include a light jacket, umbrella, sweater, hat, swimsuit, sunscreen (SPF 30 or higher recommended), insect repellent, and sunglasses.

**REGISTRATION
CONFIRMATION:**

Once your completed application packet has been received and accepted by the 2014 NVGAG office, a confirmation packet will be sent to you. Included in the packet will be a form for you to complete regarding your travel itinerary. The travel itinerary form must be returned by **May 16, 2014** in order to arrange for airport ground transportation.

WALL OF HEROES:

The National Veterans Golden Age Games traditional "Wall of Heroes" will continue in Fayetteville, AR. Please send two photographs with your registration packet. We would like our presentation to depict "Then and Now." Photos should include a photo from the past, preferable in military uniform, and a current photo. Please note that Wall of Heroes photographs will be returned with your registration confirmation packet.

EXHIBITION EVENTS:

Exhibition event schedule information will be provided in your confirmation packet.

For more information regarding Registration, please contact the 2014 NATIONAL VETERANS GOLDEN AGE GAMES Office:

**Veterans Health Care System of the Ozarks
2014 National Veterans Golden Age Games
Registration Committee (135)
1100 N College Avenue
Fayetteville, AR 72703
carol.kick@va.gov
(479) 444.5067**

**ATHLETE REGISTRATION CHECKLIST
REGISTRATION DEADLINE IS MARCH 28, 2014**

NAME

ATHLETE FORMS

- VA FORM 0926b REGISTRATION APPLICATION *(Filled out by participant)*
- VA FORM 0926d WAIVER AND RELEASE OF LIABILITY
- VA FORM 0926e MEDICAL CLEARANCE INFORMATION
- VA FORM 10-3203 CONSENT FOR USE OF PICTURE AND/OR VOICE
- CURRENT EKG REPORT
- CURRENT MEDICATION PROFILE

**PLEASE ASK YOUR COACH OR MEDICAL CENTER STAFF TO REVIEW
THIS CHECKLIST WITH YOUR ATTACHED FORMS PRIOR TO MAILING.**

Event rules and additional information can be found at:

www.veteransgoldenagegames.va.gov

REGISTRATION DEADLINE IS MARCH 28, 2014

PLEASE RETURN COMPLETED PACKETS TO:

Carol Kick
LOC Coordinator (135)
2014 National Veterans Golden Age Games
VA Medical Center
1100 N College Avenue
Fayetteville, AR 72703



ATHLETE APPLICATION

2014 NATIONAL VETERANS GOLDEN AGE GAMES

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.

NAME (Last, First, MI)		DATE OF BIRTH	YOUR AGE AS OF JANUARY 1, 2014	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS (Street, City, State, Zip Code)	DAYTIME TELEPHONE NUMBER (Include area code)	CELL PHONE NUMBER	E-MAIL ADDRESS
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DIVISION: <input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED (Legally Blind)	PLEASE INDICATE T-SHIRT SIZE <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X	PRIMARY VA MEDICAL CENTER
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TEAM COACH	TELEPHONE NUMBER OF TEAM COACH	COACH CELL PHONE NUMBER
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IN CASE OF EMERGENCY, NOTIFY (Name)	PHONE NUMBER	RELATIONSHIP
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NEXT OF KIN	PHONE NUMBER	RELATIONSHIP
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WHEELCHAIR/SCOOTER INFORMATION: Please provide the following information about your wheelchair and/or scooter. This information can be obtained from your Prosthetics Department.

ARE YOU ABLE TO AMBULATE SHORT DISTANCES WITHOUT ASSISTANCE? YES NO

MANUFACTURER	MODEL/MAKE	SERIAL NUMBER
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TYPE <input type="checkbox"/> POWER <input type="checkbox"/> MANUAL <input type="checkbox"/> RIGID <input type="checkbox"/> SCOOTER <input type="checkbox"/> FOLDING	FRAME TYPE	CAMBER	WEIGHT	OVERALL WIDTH	SEAT HEIGHT	SEAT WIDTH	SEAT DEPTH
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FRONT WHEEL/CASTER TYPE	<input type="checkbox"/> WHEEL <input type="checkbox"/> CASTER	HEIGHT _____	WIDTH _____	TIRE SIZE _____
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BACK WHEEL/CASTER TYPE	<input type="checkbox"/> WHEEL <input type="checkbox"/> CASTER	HEIGHT _____	WIDTH _____	TIRE SIZE _____
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WHEELCHAIR/CART INSPECTED BY _____	TELEPHONE NUMBER _____
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It is the athlete's responsibility to have wheelchair/scooter inspected by a VA prosthetic specialist and/or designee before arrival at the Games to insure that your equipment is in good working order.

SERVICE DOG WILL ACCOMPANY ATHLETE? YES NO

ASSISTIVE EQUIPMENT - All Athletes must bring their own assistive/durable medical equipment (shower benches, commode chairs, etc.) for use during the Games.

YOU MUST BRING ALL MEDICATIONS TAKEN AND ANY ASSISTIVE EQUIPMENT USED.



CONSENT FOR USE OF PICTURE AND/OR VOICE

CONSENT OF (Name)

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the 'Routine Uses' in the "VA Privacy Act Systems of Records" published in the Federal Register. A copy of the 'Routine Uses' is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-name individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.)

While I am (describe the activity, if any to be photographed or recorded)

I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)

I understand that the said picture, video and/or voice recording is intended for the following purpose(s):

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.

SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON DATE

PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)

SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT DATE

PRODUCTION TITLE PRODUCTION NUMBER

INDIVIDUAL'S NAME AND ADDRESS IMPORTANT: This form must always be completed prior to the making or using pictures, video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.



WAIVER & RELEASE OF LIABILITY AND OTHER USE RELEASE

2014 NATIONAL VETERANS GOLDEN AGE GAMES

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In consideration of being allowed to participate in the 2014 National Veterans Golden Age Games, related events, and activities, (collectively the "Games"), I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in these Games and I voluntarily, without any inducement, elect to participate in the Games. I **KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS**, and assume full responsibility for my participation.

2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

3. I, for myself and on behalf of my heirs, assigns, personal representatives, administrators, and next of kin, **HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE** the United States Government; the Department of Veterans Affairs ("VA"); VCS; their officers, directors, members, vendors, contractors, agents, and employees; and, any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events and activities; and officials, volunteers, and other participants of the 28th National Veterans Golden Age Games, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the Games.

4. I consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

 SIGNATURE (MANDATORY)

 DATE SIGNED

 NAME PLEASE PRINT (First, MI, Last)

IN CASE OF EMERGENCY, NOTIFY:
 NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE NUMBER

RELATIONSHIP

2014 NVGAG MEDICAL CLEARANCE INSTRUCTIONS FOR ATHLETES

You must be seen by your VA Primary Care Provider to be medically cleared to participate in the Games.

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 GAMES. Any medication or medical supplies provided on site will be charged back to the Athlete's medical facility. Narcotic prescriptions will not be filled.

The Veterans Health Care System of the Ozarks (VHSO) has inpatient services. Should a 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 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 northwest Arkansas.

Limited medical assistance will be provided 24 hours a day at The Maples dormitory on the University of Arkansas campus. First aid and medical stabilization at the events and activities will also be provided. Ambulance care will be provided as needed.

When registering on June 28, 2014, please tell us if there have been any significant changes in your health since application was completed. These changes include:

- Changes in medication
- Admissions and/or hospitalizations
- New diagnosis, problems, or conditions

Please have your VA Primary Care Provider complete the enclosed Medical Application (VAF 0926e) and submit it, along with a copy of your VA ID card, with your application packet.



Department of Veterans Affairs

ATHLETES MEDICAL INFORMATION

A PHYSICIAN, NURSE PRACTITIONER 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,
Pending approval, 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 Veterans Health Care System of the Ozarks (VHSO) and would be a reason not to clear him/her unless he/she is accompanied by a caregiver.

DATE	VA MEDICAL CENTER NAME	WHAT IS YOUR VA STATUS <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT
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NAME (Last, First, MI)	ADDRESS (Street, City, State, Zip Code)
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SOCIAL SECURITY NO. <i>(Last 4 digits only)</i>	VETERANS DATE OF BIRTH	AGE
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PLEASE REVIEW VETERAN DEMOGRAPHICS FOR ACCURACY BEFORE YOU COMPLETE THIS FORM.

WEIGHT	PROBLEM LIST (Active Problems) <input type="checkbox"/> COPD <input type="checkbox"/> HEART FAILURE <input type="checkbox"/> HYPERTENSION	I HAVE REVIEWED THE ACTIVE PROBLEMS AND CONFIRM THAT THIS LIST IS CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO
HEIGHT	<input type="checkbox"/> DIABETES <input type="checkbox"/> OTHER (List below)	I HAVE ATTACHED A 12 LEAD EKG (Completed within the last 6 months) (REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO
BLOOD PRESSURE		I HAVE ATTACHED SLEEP STUDY (Required if using a CPAP/ BIPAP) <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ALL ACTIVE MEDICATIONS		I HAVE REVIEWED THE MEDICATIONS LISTED AND THE VETERAN IS TAKING THEM AS DIRECTED <input type="checkbox"/> YES <input type="checkbox"/> NO

LAST ADMISSION	REASON FOR ADMISSION
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ALLERGIES _____

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

IS THE VETERAN HEARING IMPAIRED? YES NO

TETANUS TOXOID DATE _____ PLEASE UPDATE TETANUS IF NOT WITHIN 10 YEARS

PPD DATE _____ REQUIRED WITHIN 12 MONTHS IF POSITIVE, SEND CURRENT CHEST X-RAY REPORT TAKEN AFTER POSITIVE PPD

IS THE PATIENT FREE OF COMMUNICABLE DISEASES? (If no, explain) YES NO

CAN HE/SHE TAKE HIS/HER OWN MEDICATIONS? (If no, explain) YES NO

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

THE VETERANS HEALTH CARE SYSTEM OF THE OZARKS (VHSO) 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.

DOES THE VETERAN NEED ASSISTANCE WITH THE FOLLOWING ADL'S?
 AMBULATION TRANSFER FEEDING GROOMING TOILETING

IS THE VETERAN INCONTINENT OF URINE? (If yes, please provide the name and telephone number of the accompanying caregiver) YES NO

IS THE VETERAN INCONTINENT OF BOWEL? (If yes, please provide the name and telephone number of the accompanying caregiver) YES NO

CAREGIVER NAME	CAREGIVER TELEPHONE NUMBER (Include area code)
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IF THE VETERAN USES A WHEELCHAIR, CAN HE/SHE TRANSFER WITHOUT ASSISTANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY SPECIAL ASSISTIVE DEVICES THE VETERAN WILL BE USING		
IF YES TO ANY ONE OF THE ABOVE QUESTIONS, EQUIPMENT MUST BE INSPECTED AND CERTIFIED BY THEIR SPONSORING MEDICAL FACILITY.		
IS THE VETERAN ON PORTABLE OXYGEN? <i>(If yes, Rx i.e., 2L/min.)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE VETERAN ON CPAP/BIPAP? <i>(If yes, pressure setting)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
ATHLETES MUST BRING AND PROVIDE THEIR OWN CPAP/BIPAP		
IF YES TO ANY ONE OF THE ABOVE QUESTIONS, SPONSORING VA MEDICAL CENTER MUST COORDINATE OXYGEN SERVICES, INCLUDING SUPPLIES AND EQUIPMENT, WITH A LOCAL OXYGEN PROVIDER.		
LIST SPECIAL NEEDS <i>(e.g. feeding tube, tracheotomy, catheter, mobility, bowel and bladder care, etc.)</i>		
LIST THOSE NEEDS WITH WHICH THE VETERAN REQUIRES ASSISTANCE		
BEHAVIORAL NEEDS		
COGNITIVE NEEDS		
IF YES TO ANY ONE OF THE ABOVE QUESTIONS, ACCOMPANYING CAREGIVER MUST BE ABLE TO PROVIDE THE ASSISTANCE NEEDED.		
WHAT ACTIVITY RESTRICTIONS DO YOU RECOMMEND?		
THE VETERAN IS PHYSICALLY CAPABLE OF PARTICIPATING IN THESE HIGH RISK AEROBIC EVENTS		
CYCLING	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SWIMMING	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRACK	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE SELECT THE EVENTS THE VETERAN CAN OR CANNOT PARTICIPATE IN		
AIR RIFLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	HORSESHOES <input type="checkbox"/> YES <input type="checkbox"/> NO
BADMINTON	<input type="checkbox"/> YES <input type="checkbox"/> NO	JAVELIN <input type="checkbox"/> YES <input type="checkbox"/> NO
BOWLING	<input type="checkbox"/> YES <input type="checkbox"/> NO	NINE BALL <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECKERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	SHOT PUT <input type="checkbox"/> YES <input type="checkbox"/> NO
DISCUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	SHUFFLEBOARD <input type="checkbox"/> YES <input type="checkbox"/> NO
DOMINOES	<input type="checkbox"/> YES <input type="checkbox"/> NO	TABLE TENNIS <input type="checkbox"/> YES <input type="checkbox"/> NO
GOLF	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IN YOUR OPINION, CAN THE VETERAN MAKE THE TRIP AND PARTICIPATE IN THE NATIONAL VETERANS GOLDEN AGE GAMES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE VETERAN HAVE AN ADVANCED DIRECTIVE? <i>(Attach copy)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)? <i>(Attach copy)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDER'S NAME <i>(Please print)</i>	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP	
PROVIDER'S SIGNATURE	PROVIDER TELEPHONE NUMBER <i>(June 28 to July 1, 2014)</i>	PROVIDER PAGER NUMBER <i>(June 28 to July 1, 2014)</i>