OMB Number:
Respondent Burden: 20 minutes

Department of Veterans Affairs

# MEDIA AND NEWS RELEASE QUESTIONNAIRE

## NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC

**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.

**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.

All participants must complete questions 1-15, whether or not you wish to have a news release. If you would like a news release posted on the Clinic's website about your participation this year, you must fill out this form completely. Our Hometown News program promotes publicity about the Clinic by posting an individual news release for every veteran who wants one on the website during the week of the Clinic. The releases may be found at www.wintersportsclinic.va.gov. In order to prepare your news release, we must have all needed information in advance. We cannot gather this information during the Clinic. If you have any questions, please call VA Public Affairs at

_____.

| NAME *(Last, First, MI)* | DATE OF BIRTH | E-MAIL ADDRESS |
|---|---|---|
| | | |

1. PLEASE CONFIRM YOUR BRANCH OF SERVICE

☐ AIR FORCE ☐ ARMY ☐ COAST GUARD ☐ MARINE CORPS ☐ NAVY ☐ NATIONAL GUARD

☐ OTHER *(Please specify)* _____

2. IF YOU ARE A PEACETIME VETERAN, WHERE AND WHEN DID YOU SERVE? _____

3. DID YOU SERVE IN COMBAT IN ANY OF THE FOLLOWING CONFLICTS?

☐ WWII ☐ KOREA ☐ VIETNAM ☐ THE GULF WAR ☐ AFGHANISTAN ☐ IRAQ

☐ OTHER *(Please specify)* _____

| 4. IS YOUR INJURY OR ILLNESS COMBAT RELATED? *(Resulting from actual service in combat)* | 5. WHAT DID YOU DO IN THE SERVICE? | 6. ARE YOU CURRENTLY ON ACTIVE DUTY WITH ANY BRANCH OF THE MILITARY? |
|---|---|---|
| ☐ YES ☐ NO | _____ | ☐ YES ☐ NO |

7. HOW WERE YOU INJURED? _____

8. WERE YOU EVER HELD AS A POW? *(If yes, where)* ☐ YES ☐ NO _____

9. ARE YOU A VIETNAM ERA (NONCOMBAT) VETERAN? ☐ YES ☐ NO

10. UNDER WHICH GENERAL CONDITION DOES YOUR DIAGNOSIS FALL?

☐ PARAPLEGIC ☐ AMPUTEE ☐ STROKE

☐ QUADRIPLEGIC ☐ RIGHT LEG ☐ AK OR ☐ BK ☐ OTHER NEUROLOGICAL INJURY OR DISEASE

☐ MULTIPLE SCLEROSIS ☐ LEFT LEG ☐ AK OR ☐ BK ☐ HIP/KNEE REPLACEMENT

☐ BRAIN INJURY ☐ OTHER AMPUTATION _____ ☐ SEVERE ARTHRITIS

☐ VISUALLY IMPAIRED ☐ BURN INJURY

☐ LEGALLY BLIND ☐ TOTALLY BLIND

☐ OTHER DIAGNOSIS *(Describe in simple language, not medical terms)* _____

11. OF WHICH VETERANS SERVICE ORGANIZATIONS ARE YOU A MEMBER? ☐ PVA ☐ DAV ☐ VFW ☐ AMERICAN LEGION

☐ AMVETS ☐ MOPH ☐ OTHER _____

12. WHAT IS YOUR PRIMARY VA MEDICAL CENTER OR MILITARY HOSPITAL *(City, State)*

_____

13. HOW MANY PAST YEARS HAVE YOU PARTICIPATED IN THE NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC?

_____

14. DO YOU WANT US TO PREPARE A NEWS RELEASE ABOUT YOUR PARTICIPATION IN THIS EVENT?

☐ YES ☐ NO

15. IF YOU MARKED "YES" TO A NEWS RELEASE IN QUESTION 13, PLEASE PROVIDE THE FOLLOWING INFORMATION.

☐ **REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION:** I REQUEST AND AUTHORIZE THE DEPARTMENT OF VETERANS AFFAIRS TO RELEASE THE HEALTH INFORMATION CONTAINED ON THIS FORM FOR VA MEDIA PURPOSES. *(See questions 4, 7, 10 and 12.)*

☐ I GIVE MY PERMISSION FOR MY PHONE NUMBER TO BE INCLUDED IN MY NEWS RELEASE POSTED ON THE CLINIC'S WEBSITE

☐ I DO NOT WANT MY PHONE NUMBER LISTED ON MY NEWS RELEASE

16. YOUR QUOTE FOR THE NEW RELEASE: ***(This is mandatory)*** *(All we need are a few thoughts from you telling us such things as how you feel about the Clinic, what sports have done for your life, how many times you've attended, what you have looked forward to the most, your past experience with skiing, what you hope to achieve, other favorite sports, etc. Just give us a few ideas, and we'll take it from there.)*

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SIGNATURE *(You must sign here so we can comply with your wishes)* DATE SIGNED