



MEDIA AND NEWS RELEASE QUESTIONNAIRE

NATIONAL VETERANS WHEELCHAIR 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".

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 athletes 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 Games website about your participation this year, you must fill out this form completely. Our Hometown News program promotes publicity about the National Veterans Wheelchair Games by posting an individual news release for every veteran who wants one on the website during the week of the Games. The releases may be found on the Games' website, www.wheelchairgames.va.gov. In order to prepare your news release, we must have all needed information in advance. We cannot gather this information during the Games. If you have any questions, please call VA Public Affairs at (734) 845-3377.

NAME (Last, First, MI)	TEAM NAME (If applicable)
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DATE OF BIRTH	E-MAIL ADDRESS
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1. PLEASE CONFIRM YOUR BRANCH OF SERVICE

AIR FORCE
 ARMY
 COAST GUARD
 MARINE CORPS
 NAVY
 NATIONAL GUARD
 BRITISH MILITARY
 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, REQUIRING THE USE OF A WHEELCHAIR, COMBAT RELATED? (Resulting from actual service in combat)

YES
 NO

5. WHAT DID YOU DO IN THE SERVICE? _____

6. HOW WERE YOU INJURED? _____

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

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

9. UNDER WHICH GENERAL CONDITION DOES YOUR DIAGNOSIS FALL?

<input type="checkbox"/> PARAPLEGIC	<input type="checkbox"/> AMPUTEE	<input type="checkbox"/> STROKE
<input type="checkbox"/> QUADRIPLEGIC	<input type="checkbox"/> RIGHT LEG <input type="checkbox"/> AK OR <input type="checkbox"/> BK	<input type="checkbox"/> OTHER NEUROLOGICAL INJURY OR DISEASE
<input type="checkbox"/> MULTIPLE SCLEROSIS	<input type="checkbox"/> LEFT LEG <input type="checkbox"/> AK OR <input type="checkbox"/> BK	<input type="checkbox"/> HIP/KNEE REPLACEMENT
<input type="checkbox"/> BRAIN INJURY	<input type="checkbox"/> OTHER AMPUTATION	<input type="checkbox"/> SEVERE ARTHRITIS
<input type="checkbox"/> OTHER DIAGNOSIS (Describe in simple language, not medical terms) _____		

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

AMVETS MOPH OTHER _____

11. WHAT IS YOUR PRIMARY VA MEDICAL CENTER (City, State) _____

12. HOW MANY PAST YEARS HAVE YOU PARTICIPATED IN THE NATIONAL VETERANS WHEELCHAIR GAMES (NVWG)?

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

YES NO

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

- REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION:** I REQUEST AND AUTHORIZE THE DEPARTMENT OF VETERANS AFFAIRS TO RELEASE THE MEDICAL INFORMATION CONTAINED ON THIS FORM FOR VA MEDIA PURPOSES.
- I GIVE MY PERMISSION FOR MY PHONE NUMBER TO BE INCLUDED IN MY NEWS RELEASE POSTED ON THE GAMES' WEBSITE
- I DO NOT WANT MY PHONE NUMBER LISTED ON MY NEWS RELEASE

15. PLEASE NOTE: WHETHER OR NOT YOU WANT A NEWS RELEASE, ALL EVENT RESULTS WILL BE POSTED ON THE GAMES' WEBSITE BY PARTICIPANT NAME UNLESS YOU CHECK THE "NO" BOX HERE.

- NO (*Results will not be posted; sign at bottom of this page*)

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 Games, what sports competition has done for your life, how many times you've competed, what you have looked forward to the most, your past experience in sports, what you hope to achieve, favorite sports, etc. Just give us a few ideas, and we'll take it from there.*)

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

DATE SIGNED